



US009241794B2

(12) **United States Patent**
Braido et al.

(10) **Patent No.:** **US 9,241,794 B2**
(45) **Date of Patent:** **Jan. 26, 2016**

(54) **COLLAPSIBLE PROSTHETIC HEART VALVES**

(71) Applicant: **St. Jude Medical, Inc.**, St. Paul, MN (US)

(72) Inventors: **Peter Nicholas Braido**, Linwood, MN (US); **Andrea L. McCarthy**, Vadnais Heights, MN (US); **Rubem L. Figueiredo**, Contagem (BR); **Julia A. Schraut**, St. Paul, MN (US)

(73) Assignee: **St. Jude Medical, Inc.**, St. Paul, MN (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: **14/334,059**

(22) Filed: **Jul. 17, 2014**

(65) **Prior Publication Data**

US 2015/0081013 A1 Mar. 19, 2015

Related U.S. Application Data

(63) Continuation of application No. 13/848,466, filed on Mar. 21, 2013, now Pat. No. 8,845,721, which is a continuation of application No. 12/733,759, filed as application No. PCT/US2008/011153 on Sep. 26, 2008, now Pat. No. 8,425,593.

(60) Provisional application No. 60/995,648, filed on Sep. 26, 2007.

(51) **Int. Cl.**
A61F 2/24 (2006.01)

(52) **U.S. Cl.**
CPC **A61F 2/2418** (2013.01); **A61F 2/2403** (2013.01); **A61F 2/2412** (2013.01); **A61F 2/2415** (2013.01); **A61F 2220/0075** (2013.01); **A61F 2230/0054** (2013.01)

(58) **Field of Classification Search**

CPC A61F 2/2412; A61F 2/2418; A61F 2/24
USPC 623/2.11-1.19
See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

3,657,744 A 4/1972 Ersek
4,275,469 A 6/1981 Gabbay

(Continued)

FOREIGN PATENT DOCUMENTS

DE 19857887 A1 7/2000
DE 10121210 A1 11/2002

(Continued)

OTHER PUBLICATIONS

Extended European Search Report for Application No. EP 12196437 dated Aug. 13, 2013.

(Continued)

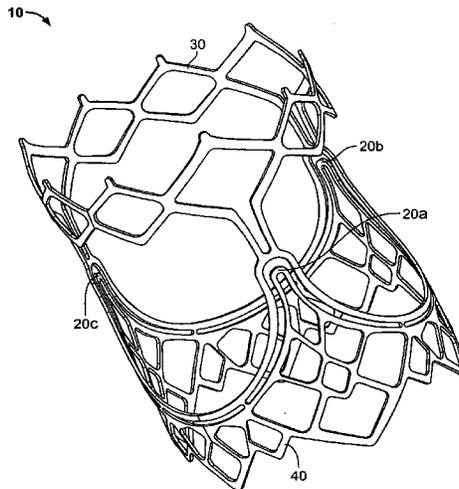
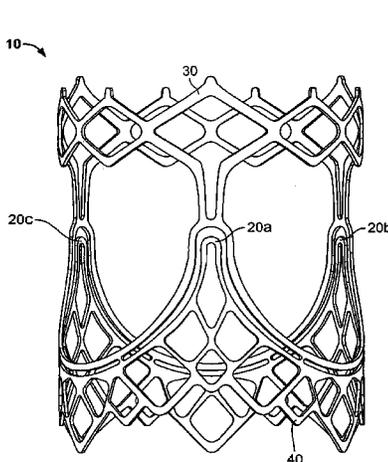
Primary Examiner — Suzette J Gherbi

(74) *Attorney, Agent, or Firm* — Lerner, David, Littenberg, Krumholz & Mentlik, LLP

(57) **ABSTRACT**

Prosthetic heart valves, which are collapsible to a relatively small circumferential size for less invasive delivery into a patient and which then re-expand to operating size at an implant site in the patient, include a collapsible/expandable stent-like supporting structure and various components of flexible, sheet-like material that are attached to the supporting structure. For example, these sheet-like other components may include prosthetic valve leaflets, layers of buffering material, cuff material, etc. Improved structures and techniques are provided for securing such other components to the stent-like supporting structure of the valve.

6 Claims, 69 Drawing Sheets



(56)

References Cited

U.S. PATENT DOCUMENTS

4,423,730	A	1/1984	Gabbay	7,682,390	B2	3/2010	Seguin
4,491,986	A	1/1985	Gabbay	7,708,775	B2	5/2010	Rowe et al.
4,759,758	A	7/1988	Gabbay	7,731,742	B2	6/2010	Schlick et al.
4,922,905	A	5/1990	Strecker	7,748,389	B2	7/2010	Salahieh et al.
5,411,552	A	5/1995	Andersen et al.	7,780,725	B2	8/2010	Haug et al.
5,480,423	A	1/1996	Ravenscroft et al.	7,799,069	B2	9/2010	Bailey et al.
5,843,167	A	12/1998	Dwyer et al.	7,803,185	B2	9/2010	Gabbay
5,924,424	A	7/1999	Stevens et al.	7,824,442	B2	11/2010	Salahieh et al.
5,935,163	A	8/1999	Gabbay	7,837,727	B2	11/2010	Goetz et al.
5,961,549	A	10/1999	Nguyen et al.	7,846,203	B2	12/2010	Cribier
5,968,068	A	10/1999	Dehdashtian et al.	7,846,204	B2	12/2010	Letac et al.
6,045,576	A	4/2000	Starr et al.	7,892,281	B2	2/2011	Seguin et al.
6,077,297	A	6/2000	Robinson et al.	7,914,569	B2	3/2011	Nguyen et al.
6,083,257	A	7/2000	Taylor et al.	7,972,378	B2	7/2011	Tabor et al.
6,090,140	A	7/2000	Gabbay	7,988,724	B2	8/2011	Salahieh et al.
6,129,758	A	10/2000	Love	7,993,394	B2	8/2011	Hariton et al.
6,168,614	B1	1/2001	Andersen et al.	8,016,877	B2	9/2011	Seguin et al.
6,214,036	B1	4/2001	Letendre et al.	8,048,153	B2	11/2011	Salahieh et al.
6,264,691	B1*	7/2001	Gabbay 623/2.14	8,052,741	B2	11/2011	Bruszewski et al.
6,267,783	B1	7/2001	Letendre et al.	8,052,749	B2	11/2011	Salahieh et al.
6,306,141	B1	10/2001	Jervis	8,052,750	B2	11/2011	Tuval et al.
6,312,465	B1	11/2001	Griffin et al.	8,062,355	B2	11/2011	Figulla et al.
6,358,277	B1	3/2002	Duran	8,075,611	B2	12/2011	Millwee et al.
6,368,348	B1	4/2002	Gabbay	8,137,398	B2	3/2012	Tuval et al.
6,419,695	B1	7/2002	Gabbay	8,142,497	B2	3/2012	Friedman
6,454,799	B1	9/2002	Schreck	8,182,528	B2	5/2012	Salahieh et al.
6,488,702	B1	12/2002	Besselink	8,221,493	B2	7/2012	Boyle et al.
6,517,576	B2	2/2003	Gabbay	8,230,717	B2	7/2012	Matonick
6,533,810	B2	3/2003	Hankh et al.	8,231,670	B2	7/2012	Salahieh et al.
6,582,464	B2	6/2003	Gabbay	8,252,051	B2	8/2012	Chau et al.
6,610,088	B1	8/2003	Gabbay	8,308,798	B2	11/2012	Pintor et al.
6,623,518	B2	9/2003	Thompson et al.	8,313,525	B2	11/2012	Tuval et al.
6,652,578	B2	11/2003	Bailey et al.	8,323,335	B2	12/2012	Rowe et al.
6,685,625	B2	2/2004	Gabbay	8,323,336	B2	12/2012	Hill et al.
6,716,244	B2	4/2004	Klaco	8,343,213	B2	1/2013	Salahieh et al.
6,719,789	B2	4/2004	Cox	8,348,995	B2	1/2013	Tuval et al.
6,730,118	B2	5/2004	Spenser et al.	8,348,996	B2	1/2013	Tuval et al.
6,733,525	B2	5/2004	Yang et al.	8,348,998	B2	1/2013	Pintor et al.
6,767,362	B2*	7/2004	Schreck 623/2.11	8,366,769	B2	2/2013	Huynh et al.
6,783,556	B1	8/2004	Gabbay	8,403,983	B2	3/2013	Quadri et al.
6,790,230	B2	9/2004	Beyersdorf et al.	8,408,214	B2	4/2013	Spenser
6,814,746	B2	11/2004	Thompson et al.	8,414,643	B2	4/2013	Tuval et al.
6,830,584	B1	12/2004	Seguin	8,425,593	B2	4/2013	Braido et al.
6,830,585	B1	12/2004	Artof et al.	8,449,599	B2	5/2013	Chau et al.
6,869,444	B2	3/2005	Gabbay	8,449,604	B2	5/2013	Moaddeb et al.
6,875,231	B2	4/2005	Anduiza et al.	8,454,685	B2	6/2013	Hariton et al.
6,893,460	B2	5/2005	Spenser et al.	8,454,686	B2	6/2013	Alkhatib
6,908,481	B2	6/2005	Cribier	8,500,798	B2	8/2013	Rowe et al.
6,916,338	B2	7/2005	Speziali	8,568,474	B2	10/2013	Yeung et al.
6,951,573	B1	10/2005	Dilling	8,579,962	B2	11/2013	Salahieh et al.
7,018,406	B2	3/2006	Seguin et al.	8,579,966	B2	11/2013	Seguin et al.
7,025,780	B2	4/2006	Gabbay	8,585,755	B2	11/2013	Chau et al.
7,041,132	B2	5/2006	Quijano et al.	8,591,575	B2	11/2013	Cribier
7,044,966	B2	5/2006	Svanidze et al.	8,597,349	B2	12/2013	Alkhatib
7,101,396	B2	9/2006	Artof et al.	8,603,159	B2	12/2013	Seguin et al.
7,137,184	B2	11/2006	Schreck	8,603,160	B2	12/2013	Salahieh et al.
7,160,322	B2	1/2007	Gabbay	8,613,765	B2	12/2013	Bonhoeffer et al.
7,195,641	B2	3/2007	Palmaz et al.	8,623,074	B2	1/2014	Ryan
7,247,167	B2	7/2007	Gabbay	8,652,204	B2	2/2014	Quill et al.
7,267,686	B2	9/2007	DiMatteo et al.	8,663,322	B2	3/2014	Keranen
7,276,078	B2	10/2007	Spenser et al.	8,668,733	B2	3/2014	Haug et al.
7,311,730	B2	12/2007	Gabbay	8,685,080	B2	4/2014	White
7,320,704	B2	1/2008	Lashinski et al.	8,728,154	B2	5/2014	Alkhatib
7,329,278	B2	2/2008	Seguin et al.	8,747,459	B2	6/2014	Nguyen et al.
7,331,993	B2	2/2008	White	8,764,820	B2	7/2014	Dehdashtian et al.
7,374,573	B2	5/2008	Gabbay	8,795,357	B2	8/2014	Yohanan et al.
7,381,218	B2	6/2008	Schreck	8,801,776	B2	8/2014	House et al.
7,381,219	B2	6/2008	Salahieh et al.	8,808,356	B2	8/2014	Braido et al.
7,452,371	B2	11/2008	Pavcnik et al.	8,828,078	B2	9/2014	Salahieh et al.
7,510,572	B2	3/2009	Gabbay	8,834,563	B2	9/2014	Righini
7,510,575	B2	3/2009	Spenser et al.	8,840,663	B2	9/2014	Salahieh et al.
7,534,261	B2	5/2009	Friedman	8,876,894	B2	11/2014	Tuval et al.
RE40,816	E	6/2009	Taylor et al.	8,876,895	B2	11/2014	Tuval et al.
7,585,321	B2	9/2009	Cribier	8,940,040	B2	1/2015	Shahriari
7,628,805	B2	12/2009	Spenser et al.	8,945,209	B2	2/2015	Bonyuet et al.
				8,961,595	B2	2/2015	Alkhatib
				8,974,523	B2	3/2015	Thill et al.
				8,974,524	B2	3/2015	Yeung et al.
				2002/0036220	A1	3/2002	Gabbay

(56)

References Cited

U.S. PATENT DOCUMENTS

2003/0050694 A1 3/2003 Yang et al.
 2003/0055495 A1 3/2003 Pease et al.
 2003/0055496 A1 3/2003 Cai et al.
 2003/0130726 A1 7/2003 Thorpe et al.
 2003/0153974 A1 8/2003 Spenser et al.
 2003/0153975 A1 8/2003 Byrd et al.
 2004/0039436 A1 2/2004 Spenser et al.
 2004/0049262 A1 3/2004 Obermiller et al.
 2004/0088046 A1 5/2004 Speziali
 2004/0093060 A1 5/2004 Seguin et al.
 2004/0093075 A1 5/2004 Kuehne
 2004/0111111 A1 6/2004 Lin
 2004/0186558 A1 9/2004 Pavcnik et al.
 2004/0186563 A1 9/2004 Lobbi
 2004/0186565 A1 9/2004 Schreck
 2004/0210304 A1 10/2004 Seguin et al.
 2004/0260389 A1 12/2004 Case et al.
 2005/0096726 A1 5/2005 Sequin et al.
 2005/0137682 A1 6/2005 Justino
 2005/0137695 A1 6/2005 Salahieh et al.
 2005/0137697 A1 6/2005 Salahieh et al.
 2005/0177227 A1 8/2005 Heim et al.
 2005/0192665 A1 9/2005 Spenser et al.
 2005/0197695 A1 9/2005 Stacchino et al.
 2005/0203605 A1 9/2005 Dolan
 2005/0209689 A1 9/2005 Speziali
 2005/0256566 A1 11/2005 Gabbay
 2006/0008497 A1 1/2006 Gabbay
 2006/0074484 A1 4/2006 Huber
 2006/0106415 A1 5/2006 Gabbay
 2006/0122692 A1 6/2006 Gilad et al.
 2006/0142848 A1 6/2006 Gabbay
 2006/0161249 A1 7/2006 Realyvasquez et al.
 2006/0167468 A1 7/2006 Gabbay
 2006/0173532 A1 8/2006 Flagle et al.
 2006/0178740 A1 8/2006 Stacchino et al.
 2006/0206202 A1 9/2006 Bonhoeffer et al.
 2006/0241744 A1 10/2006 Beith
 2006/0259120 A1 11/2006 Vongphakdy et al.
 2006/0259136 A1 11/2006 Nguyen et al.
 2006/0259137 A1 11/2006 Artof et al.
 2006/0265056 A1 11/2006 Nguyen et al.
 2006/0276813 A1 12/2006 Greenberg
 2006/0276874 A1 12/2006 Wilson et al.
 2007/0010876 A1 1/2007 Salahieh et al.
 2007/0027534 A1 2/2007 Bergheim et al.
 2007/0043435 A1 2/2007 Seguin et al.
 2007/0055358 A1 3/2007 Krolik et al.
 2007/0067029 A1 3/2007 Gabbay
 2007/0073391 A1 3/2007 Bourang et al.
 2007/0088431 A1 4/2007 Bourang et al.
 2007/0093890 A1 4/2007 Eliassen et al.
 2007/0100435 A1 5/2007 Case et al.
 2007/0112422 A1 5/2007 Dehdashtian
 2007/0162100 A1 7/2007 Gabbay
 2007/0168013 A1 7/2007 Douglas
 2007/0203575 A1 8/2007 Forster et al.
 2007/0213813 A1 9/2007 Von Segesser et al.
 2007/0239271 A1 10/2007 Nguyen
 2007/0244545 A1 10/2007 Birdsall et al.
 2007/0244552 A1 10/2007 Salahieh et al.
 2007/0288087 A1 12/2007 Fearnot et al.
 2008/0021552 A1 1/2008 Gabbay
 2008/0039934 A1 2/2008 Stycr
 2008/0071369 A1 3/2008 Tuval et al.
 2008/0097595 A1 4/2008 Gabbay
 2008/0114452 A1 5/2008 Gabbay
 2008/0125853 A1 5/2008 Bailey et al.
 2008/0140189 A1 6/2008 Nguyen et al.
 2008/0147182 A1 6/2008 Righini et al.
 2008/0147183 A1 6/2008 Stycr
 2008/0154355 A1 6/2008 Benichou et al.
 2008/0154356 A1 6/2008 Obermiller et al.
 2008/0208327 A1* 8/2008 Rowe 623/2.11
 2008/0228263 A1 9/2008 Ryan

2008/0243245 A1 10/2008 Thambar et al.
 2008/0255662 A1 10/2008 Stacchino et al.
 2008/0262602 A1 10/2008 Wilk et al.
 2008/0269879 A1 10/2008 Sathe et al.
 2008/0275548 A1* 11/2008 Svensson 623/2.1
 2009/0054975 A1 2/2009 del Nido et al.
 2009/0099653 A1 4/2009 Suri et al.
 2009/0112309 A1 4/2009 Jaramillo et al.
 2009/0138079 A1 5/2009 Tuval et al.
 2009/0276027 A1 11/2009 Glynn
 2010/0004740 A1 1/2010 Seguin et al.
 2010/0036484 A1 2/2010 Hariton et al.
 2010/0049306 A1 2/2010 House et al.
 2010/0087907 A1 4/2010 Lattouf
 2010/0114307 A1 5/2010 Agnew et al.
 2010/0131054 A1 5/2010 Tuval et al.
 2010/0131055 A1 5/2010 Case et al.
 2010/0168778 A1 7/2010 Braid
 2010/0168839 A1 7/2010 Braid et al.
 2010/0168844 A1* 7/2010 Toomes et al. 623/2.18
 2010/0185277 A1 7/2010 Braid et al.
 2010/0191326 A1 7/2010 Alkhatib
 2010/0204781 A1 8/2010 Alkhatib
 2010/0204785 A1 8/2010 Alkhatib
 2010/0217382 A1 8/2010 Chau et al.
 2010/0234940 A1 9/2010 Dolan
 2010/0249911 A1 9/2010 Alkhatib
 2010/0249923 A1 9/2010 Alkhatib et al.
 2010/0286768 A1 11/2010 Alkhatib
 2010/0298931 A1 11/2010 Quadri et al.
 2011/0029072 A1 2/2011 Gabbay
 2011/0054466 A1 3/2011 Rothstein et al.
 2011/0098800 A1 4/2011 Braid et al.
 2011/0098802 A1 4/2011 Braid et al.
 2011/0137397 A1 6/2011 Chau et al.
 2011/0172765 A1 7/2011 Nguyen et al.
 2011/0208283 A1 8/2011 Rust
 2011/0224678 A1 9/2011 Gabbay
 2011/0264206 A1 10/2011 Tabor
 2012/0035722 A1 2/2012 Tuval
 2012/0078347 A1 3/2012 Braid et al.
 2012/0083879 A1* 4/2012 Eberhardt et al. 623/2.18
 2012/0101572 A1 4/2012 Kovalsky et al.
 2012/0123529 A1 5/2012 Levi et al.
 2012/0303116 A1 11/2012 Gorman, III et al.
 2013/0274873 A1 10/2013 Delaloye et al.
 2014/0121763 A1 5/2014 Duffy et al.
 2014/0155997 A1 6/2014 Braid
 2014/0214159 A1 7/2014 Vidlund et al.
 2014/0228946 A1 8/2014 Chau et al.
 2014/0303719 A1 10/2014 Cox et al.
 2014/0324164 A1 10/2014 Gross et al.
 2014/0330372 A1* 11/2014 Weston et al. 623/2.18
 2014/0343671 A1 11/2014 Yohanan et al.
 2014/0350668 A1 11/2014 Delaloye et al.
 2014/0350669 A1 11/2014 Gillespie et al.

FOREIGN PATENT DOCUMENTS

DE 202008009610 U1 12/2008
 EP 0850607 A1 7/1998
 EP 1000590 A1 5/2000
 EP 1129744 A1 9/2001
 EP 1157673 A2 11/2001
 EP 1360942 A1 11/2003
 EP 1584306 A1 10/2005
 EP 1598031 A2 11/2005
 EP 2537487 A1 12/2012
 FR 2847800 A1 6/2004
 JP 2000511459 A 9/2000
 JP 2007534381 A 11/2007
 JP 2008539985 A 11/2008
 WO 9117720 A1 11/1991
 WO 9716133 A1 5/1997
 WO 9832412 A2 7/1998
 WO 9843556 A1 10/1998
 WO 9913801 A1 3/1999
 WO 0128459 A1 4/2001
 WO 0149213 A2 7/2001

(56)

References Cited

FOREIGN PATENT DOCUMENTS

WO	0106500	A2	8/2001
WO	0154625	A1	8/2001
WO	0176510	A2	10/2001
WO	0236048	A1	5/2002
WO	0247575	A2	6/2002
WO	03047468	A1	6/2003
WO	2005102015	A2	11/2005
WO	2006073626	A2	7/2006
WO	2006124649	A2	11/2006
WO	2007071436	A2	6/2007
WO	2008070797	A2	6/2008
WO	2010008548	A2	1/2010
WO	2010008549	A1	1/2010
WO	2010051025	A1	5/2010
WO	2010087975	A1	8/2010
WO	2010096176	A1	8/2010
WO	2010098857	A1	9/2010

OTHER PUBLICATIONS

International Search Report for Application No. PCT/US2008/011153 dated Apr. 15, 2009.
 U.S. Appl. No. 29/375,232.
 U.S. Appl. No. 29/375,235.
 U.S. Appl. No. 29/375,238.
 U.S. Appl. No. 29/375,239.
 U.S. Appl. No. 29/375,243.
 U.S. Appl. No. 29/375,245.
 U.S. Appl. No. 29/375,251.
 U.S. Appl. No. 29/375,252.

U.S. Appl. No. 29/375,253.
 U.S. Appl. No. 29/375,254.
 U.S. Appl. No. 29/375,257.
 U.S. Appl. No. 29/375,258.
 U.S. Appl. No. 29/375,260.
 European Communication for Application No. 08834463.5 dated Jun. 22, 2015.
 Rohde, I., Masch, J.-M., Theisen-Kunde, D., Marczynski-Bühlow, M., Bombien Quaden, R., Lutter, G. and Brinkmann, R. (2015), Resection of Calcified Aortic Heart Leaflets In Vitro by Q-Switched 2 μ m Microsecond Laser Radiation. *Journal of Cardiac Surgery*, 30: 157-162. doi: 10.1111/jocs.12481.
 Muñoz, Daniel Rodriguez, Carla Lázaro Rivera, and José Luis Zamorano Gómez. "Guidance of treatment of perivalvular prosthetic leaks." *Current cardiology reports* 16.1 (2014): 1-6.
 Gössl, Mario, and Charanjit S. Rihal. "Percutaneous treatment of aortic and mitral valve paravalvular regurgitation." *Current cardiology reports* 15.8 (2013): 1-8.
 Swiatkiewicz, Iwona, et al. "Percutaneous closure of mitral perivalvular leak." *Kardiologia polska* 67.7 (2009): 762.
 De Cicco, Giuseppe, et al. "Aortic valve periprosthetic leakage: anatomic observations and surgical results." *The Annals of thoracic surgery* 79.5 (2005): 1480-1485.
 Transcatheter Umbrella Closure of Valvular and Paravalvular Leaks, Hourihan et al., *Journal of the American College of Cardiology*, vol. 20, No. 6, pp. 1371-1377, (1992).
 Buellfeld et al., Treatment of paravalvular leaks through interventional techniques; Department of Cardiology, Ben University Hospital 2011.

* cited by examiner

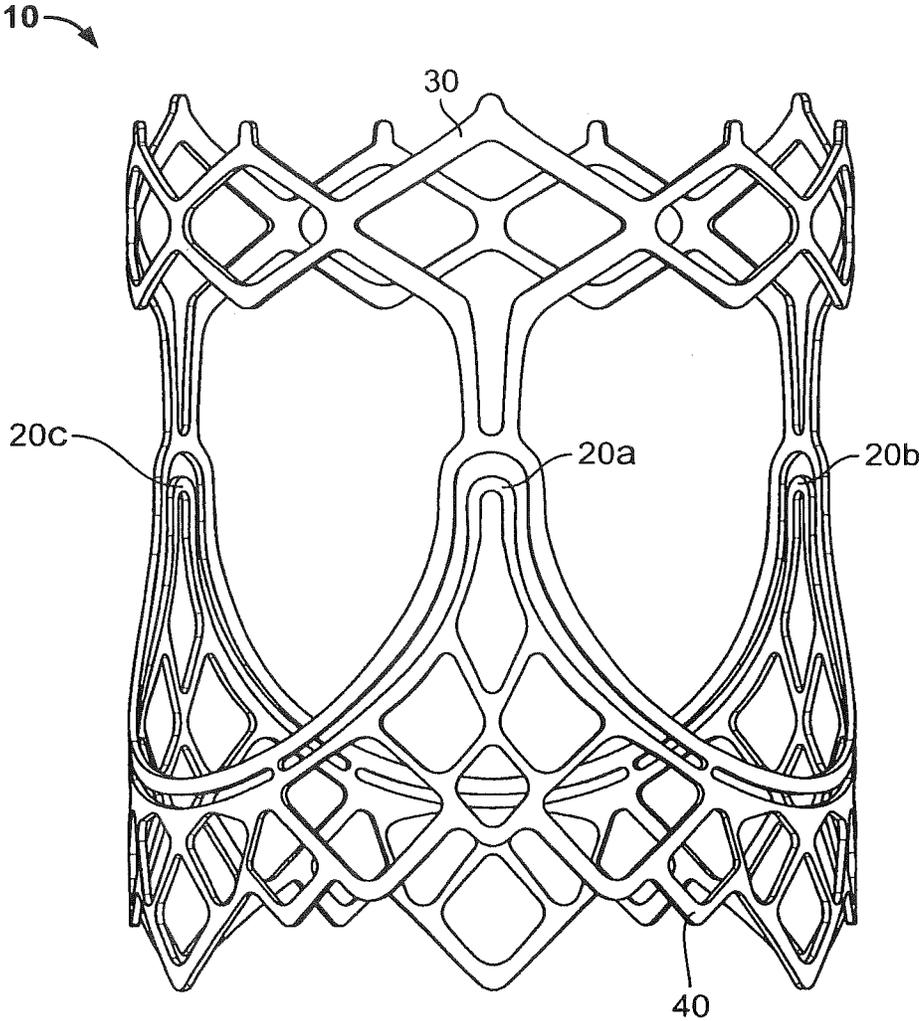


FIG. 1A

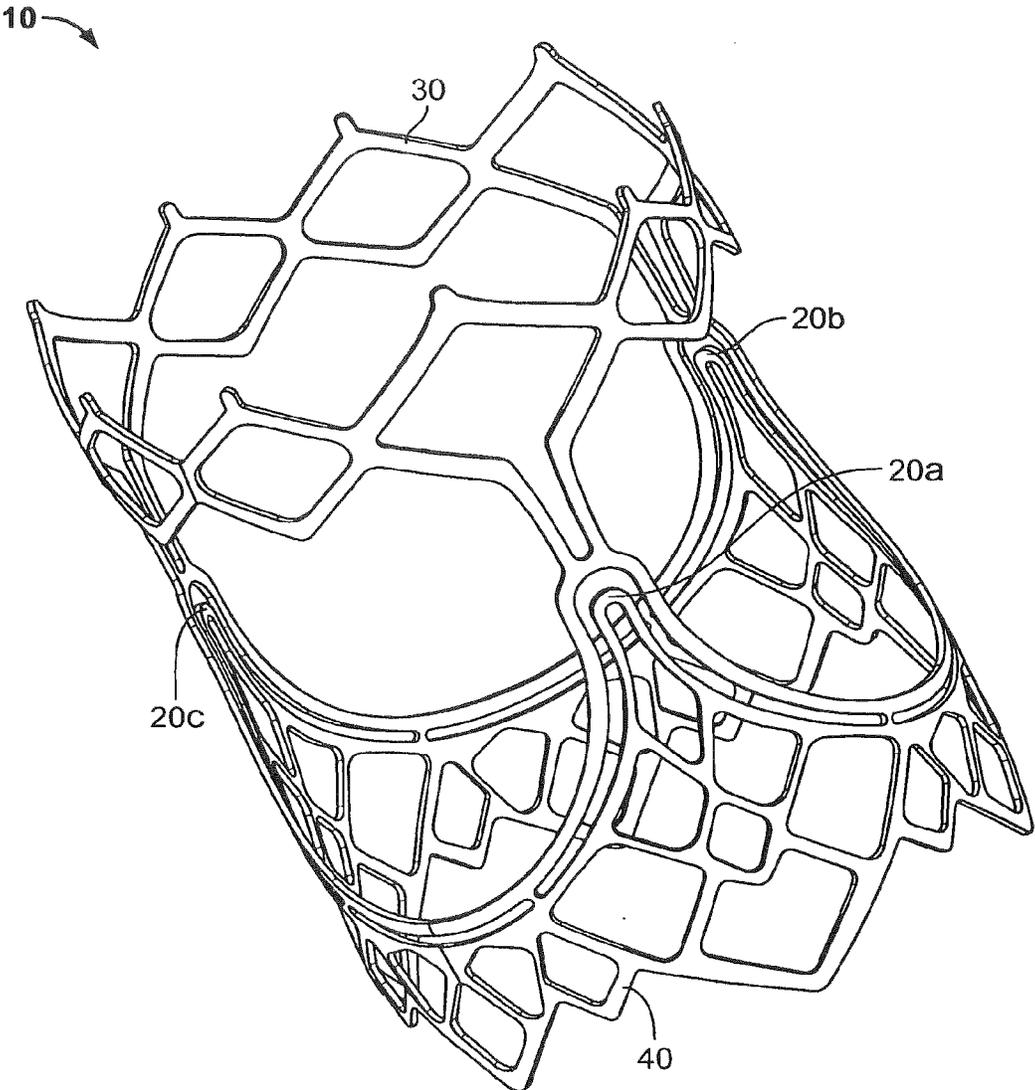


FIG. 1B

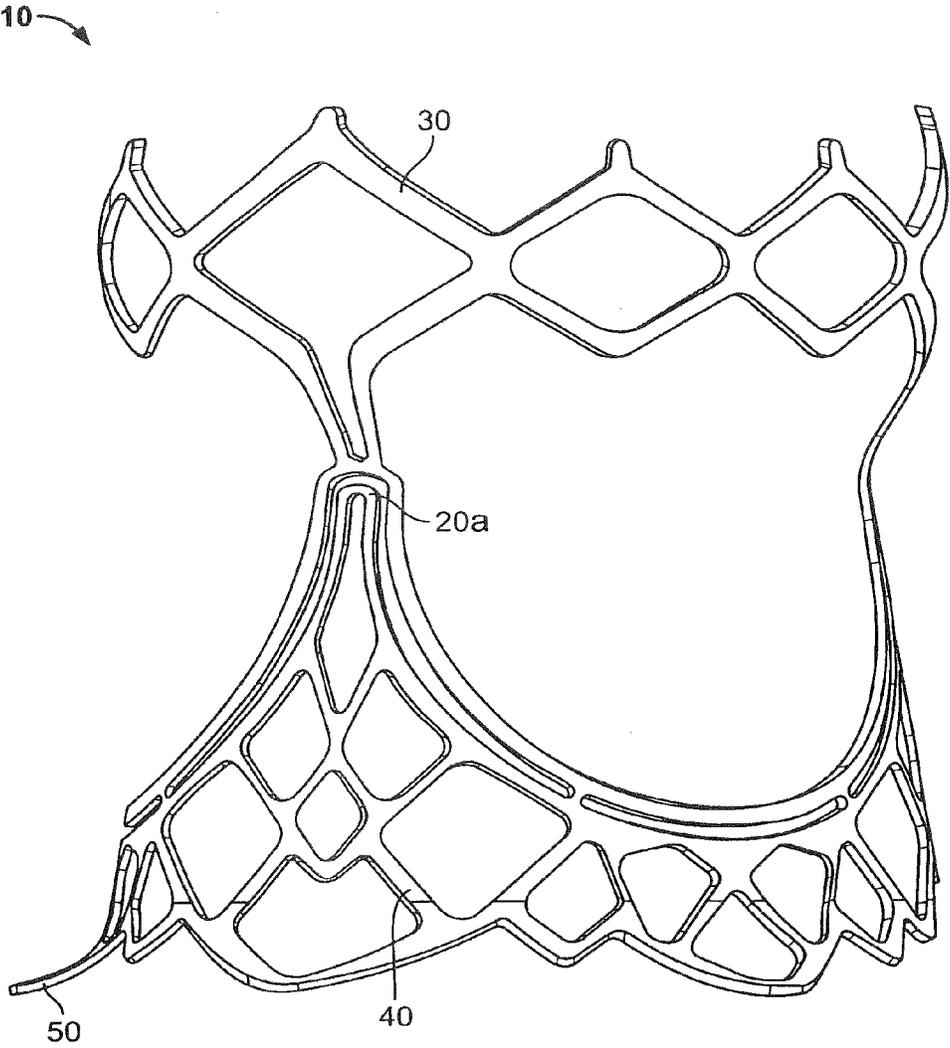


FIG. 2A

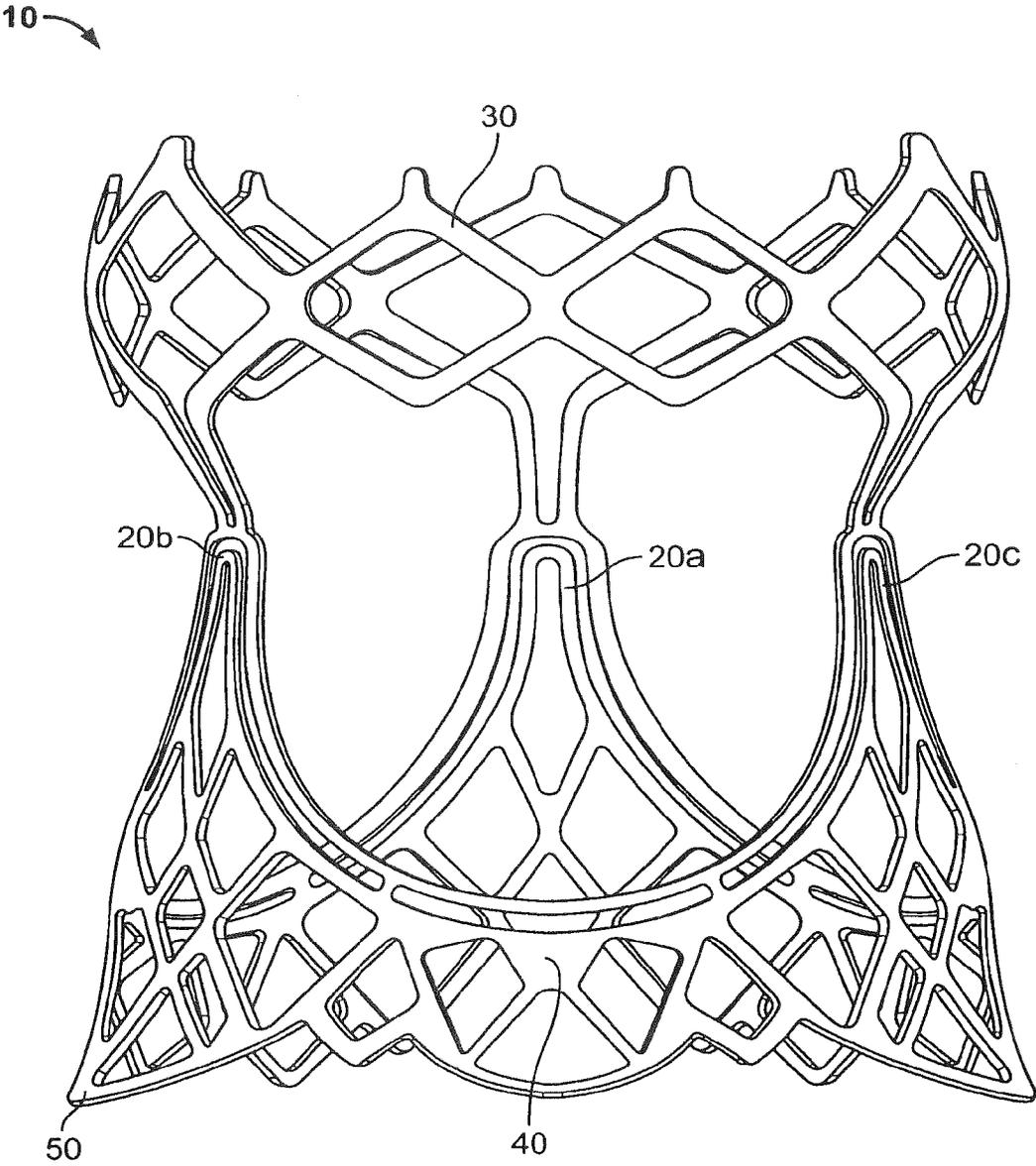


FIG. 2B

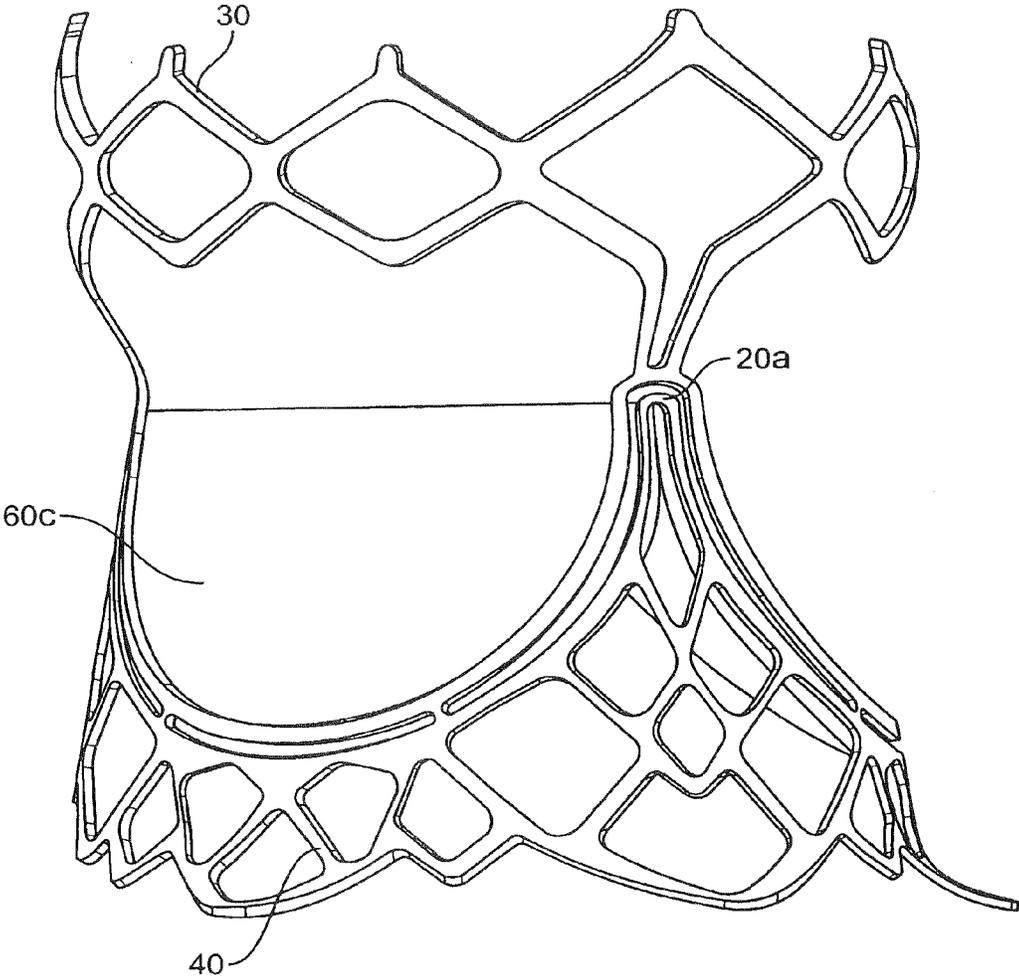


FIG. 3A

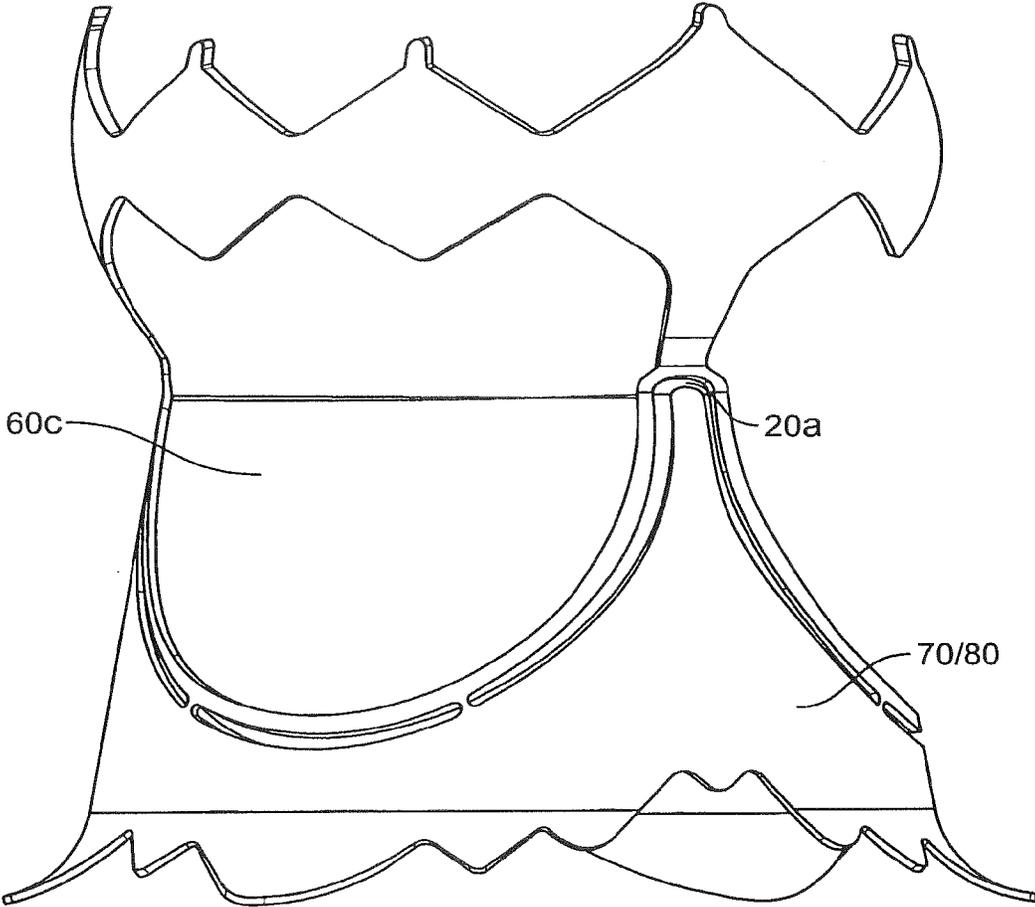


FIG. 3B

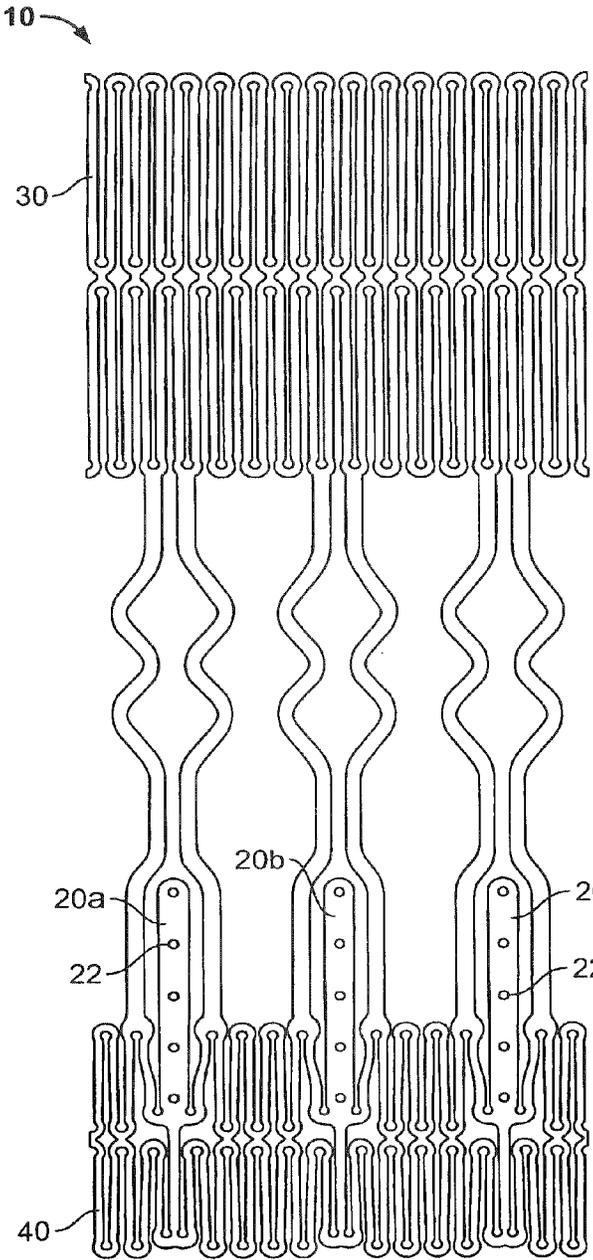


FIG. 4A

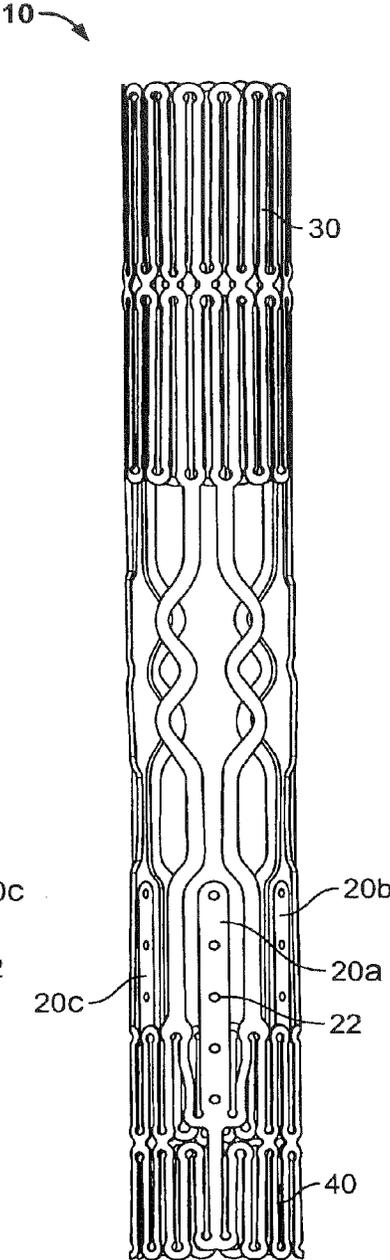


FIG. 4B

10 →

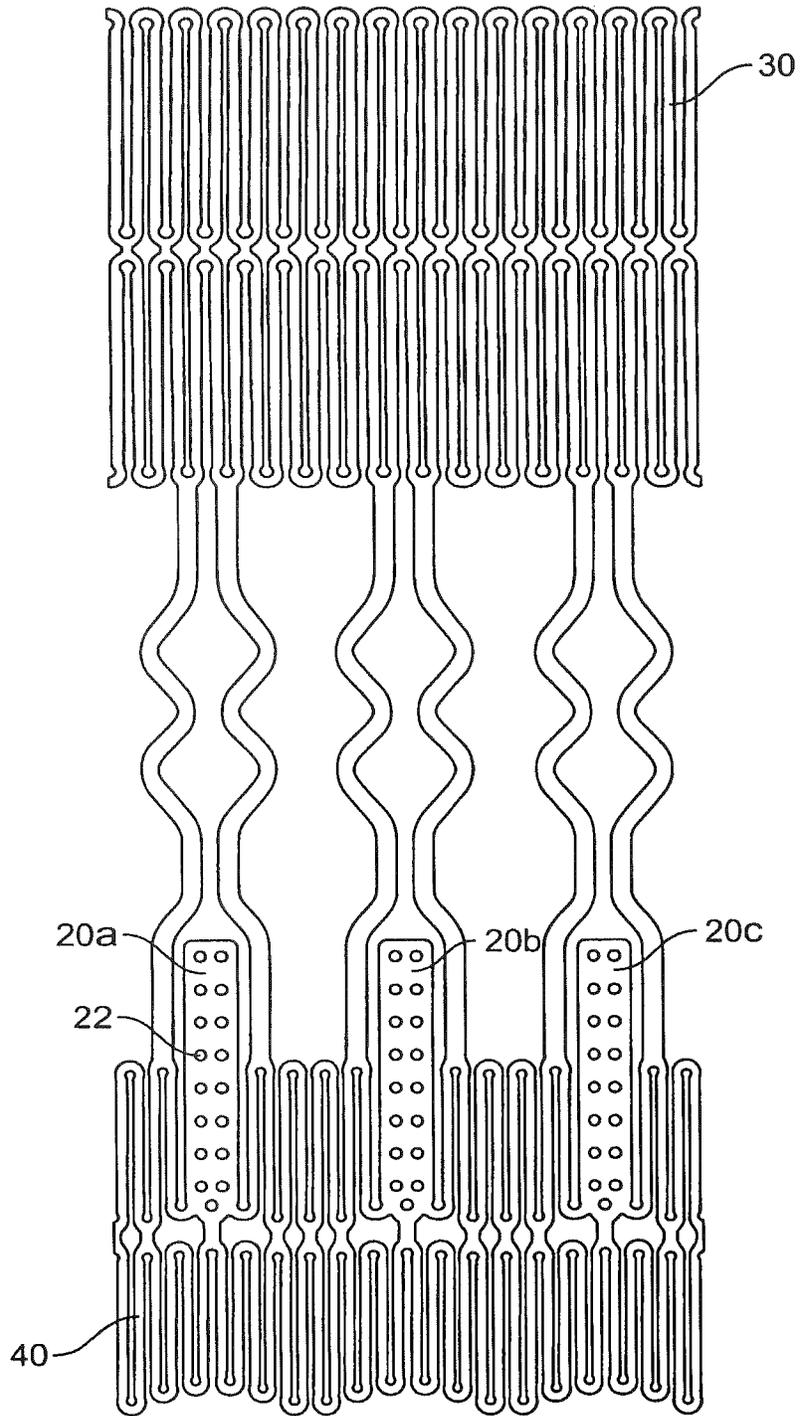


FIG. 5A

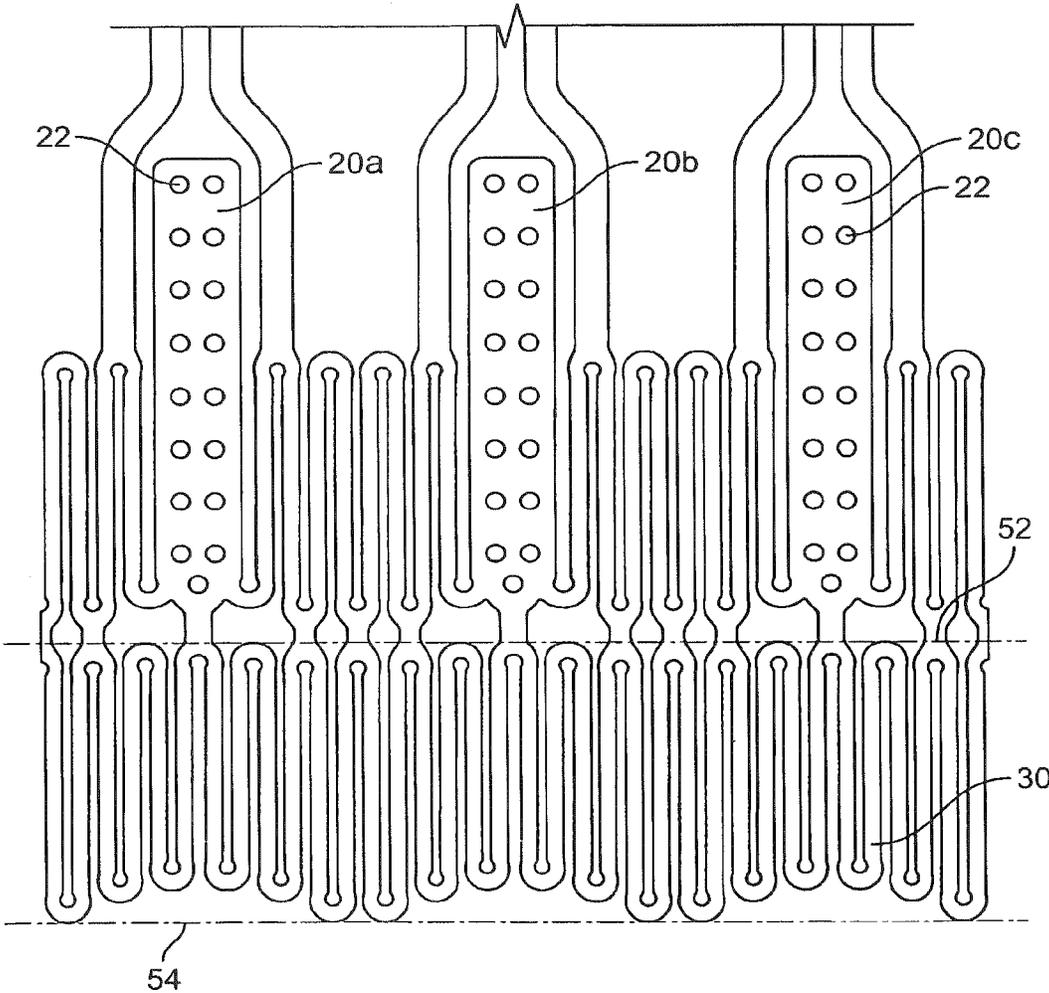


FIG. 5B

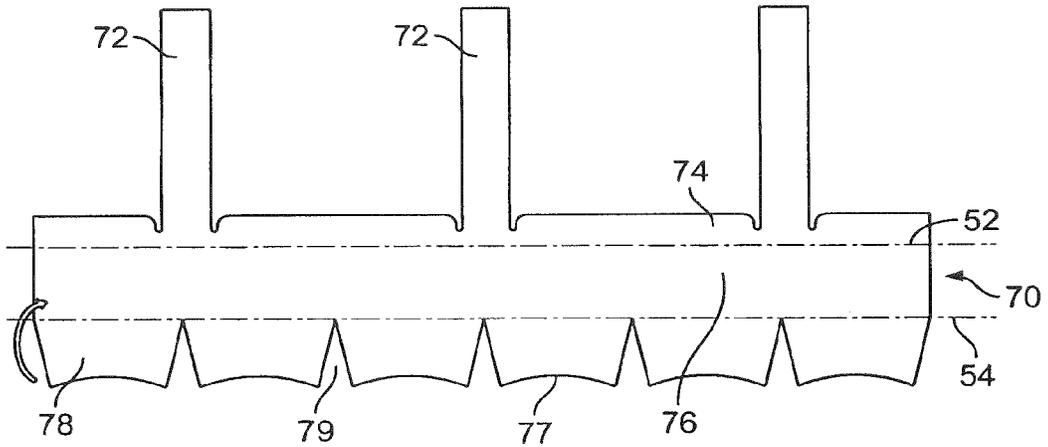


FIG. 6

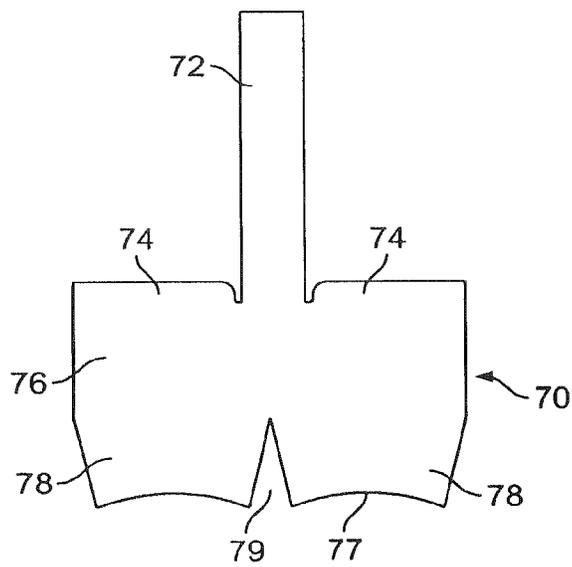


FIG. 7

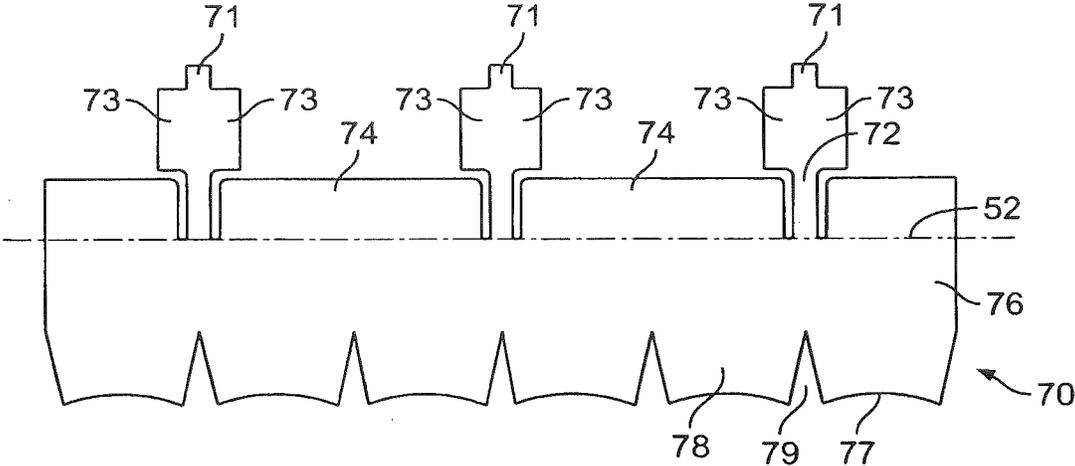


FIG. 8

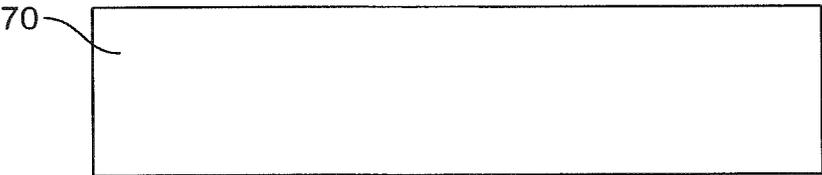


FIG. 9

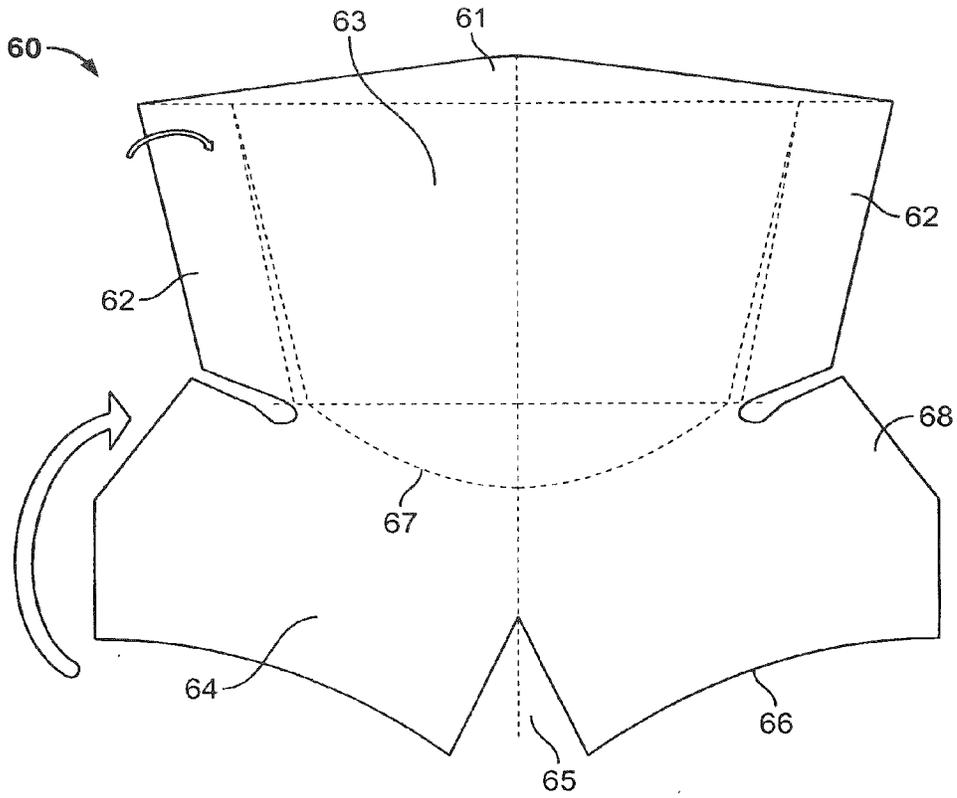


FIG. 10

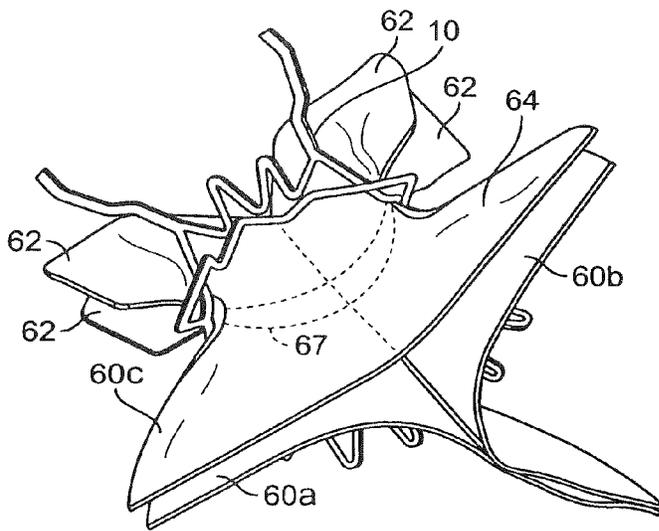


FIG. 11

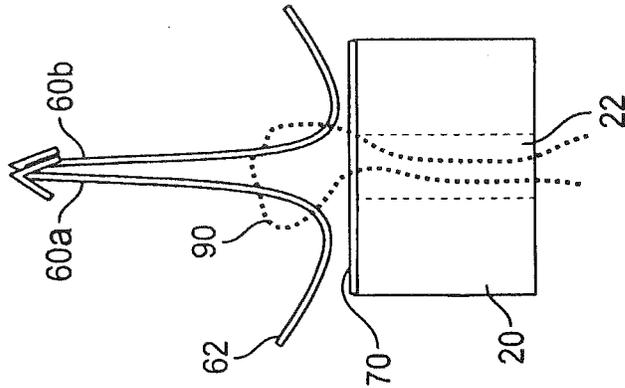


FIG. 12A

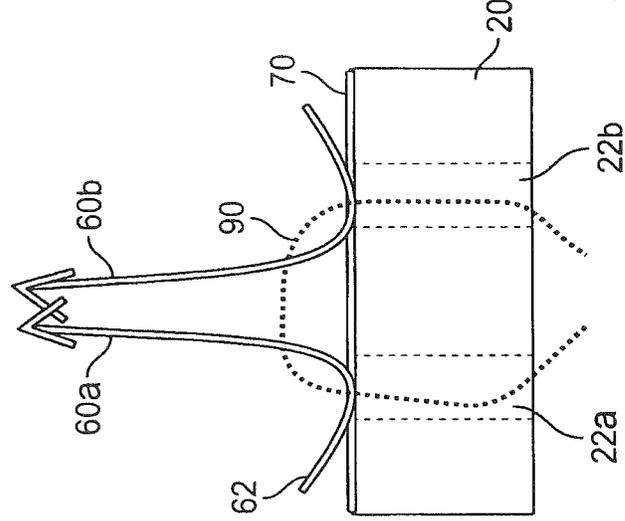


FIG. 12B

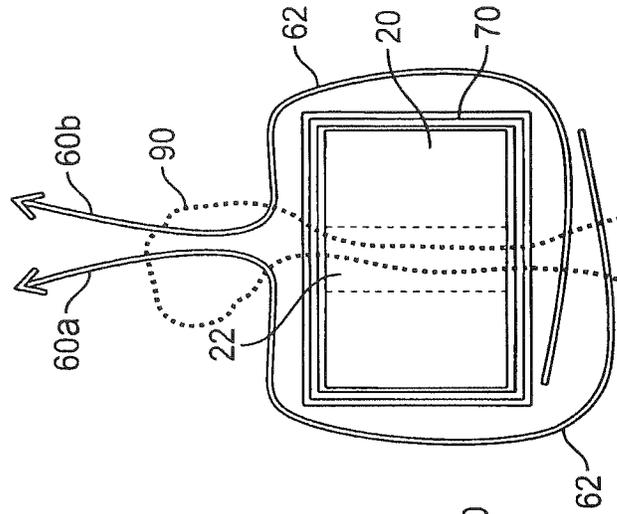


FIG. 12C

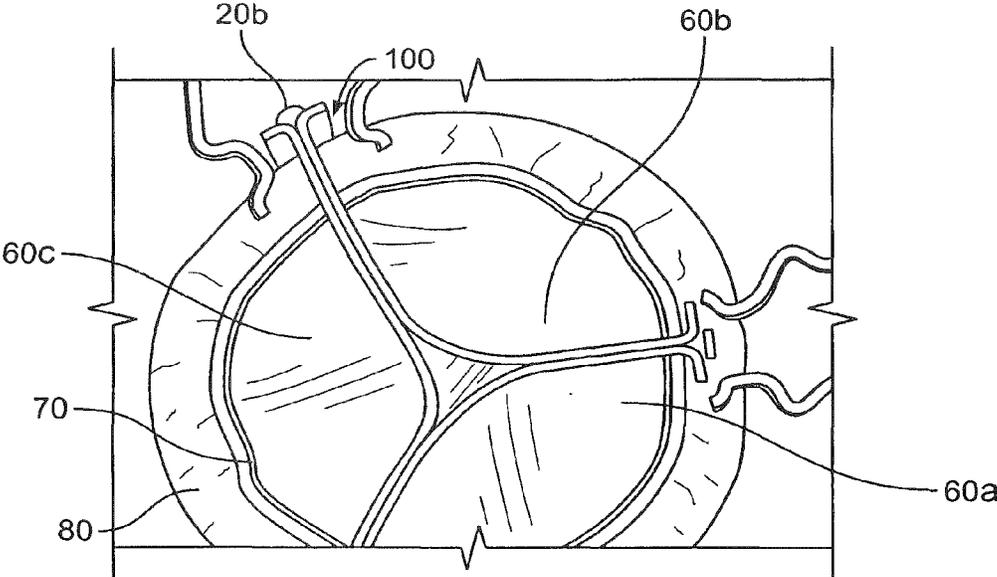


FIG. 13

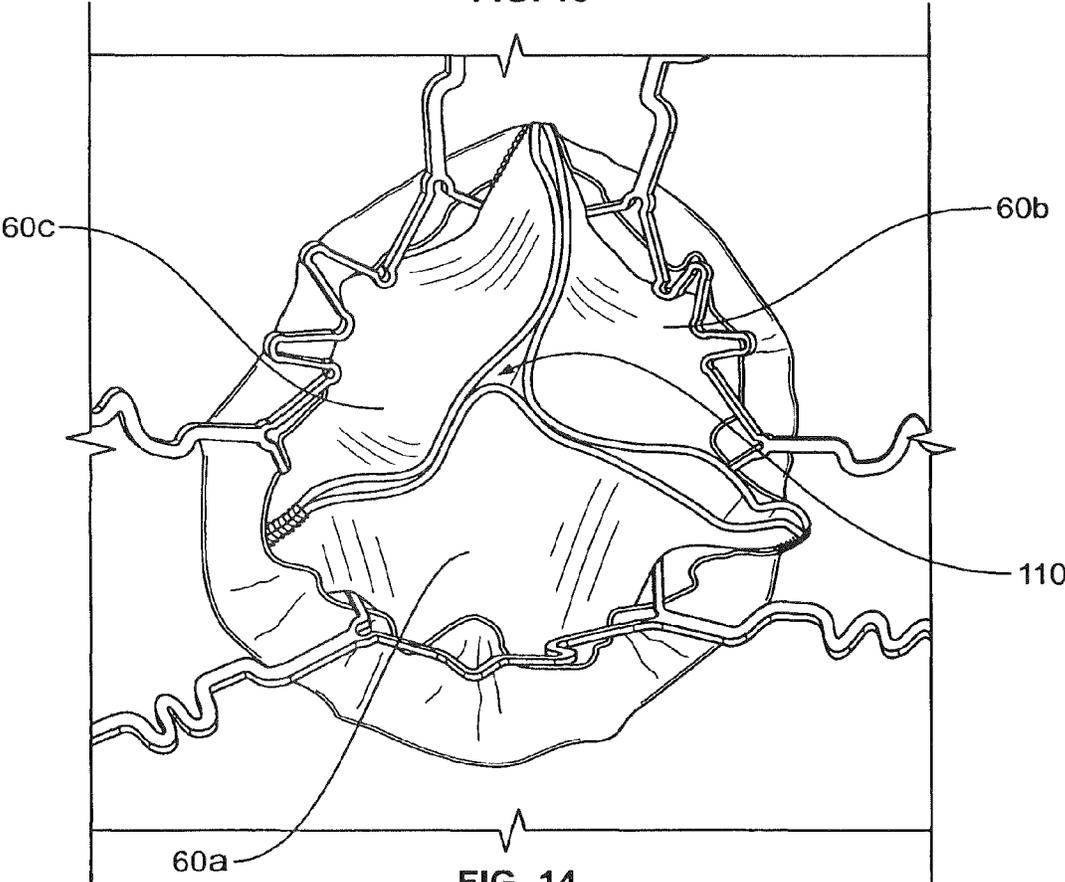


FIG. 14

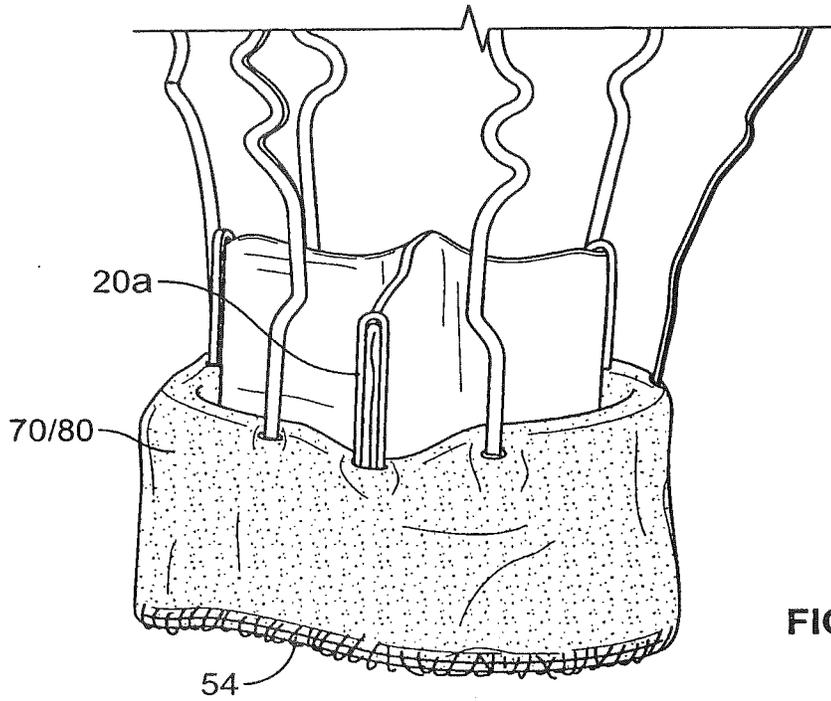


FIG. 15A

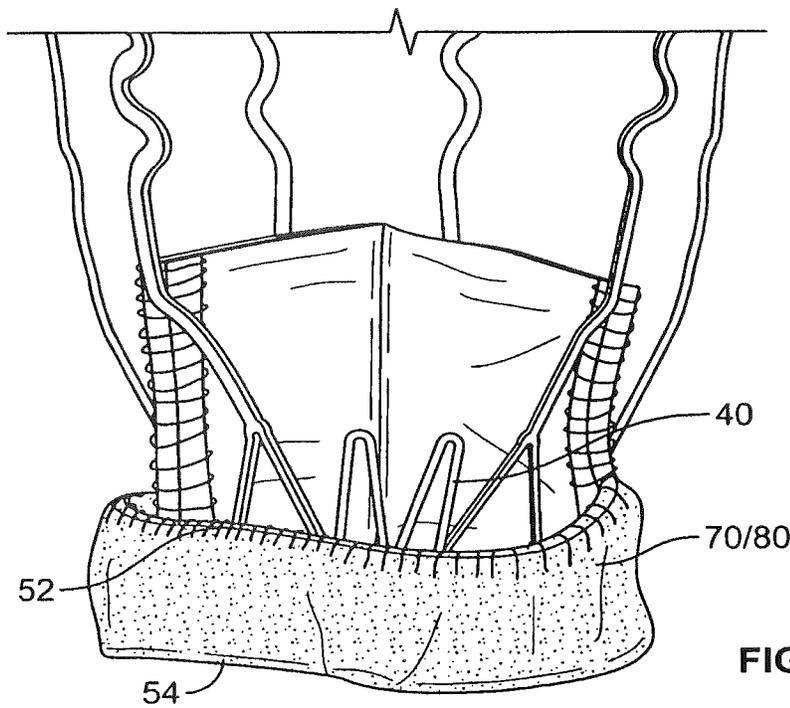


FIG. 15B

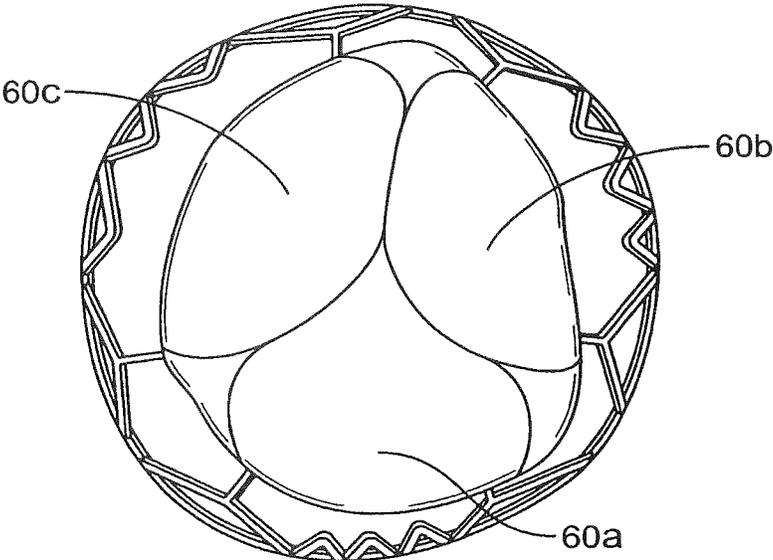


FIG. 16

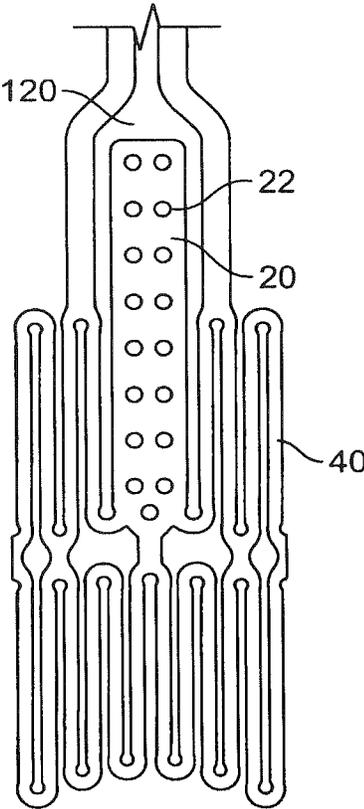
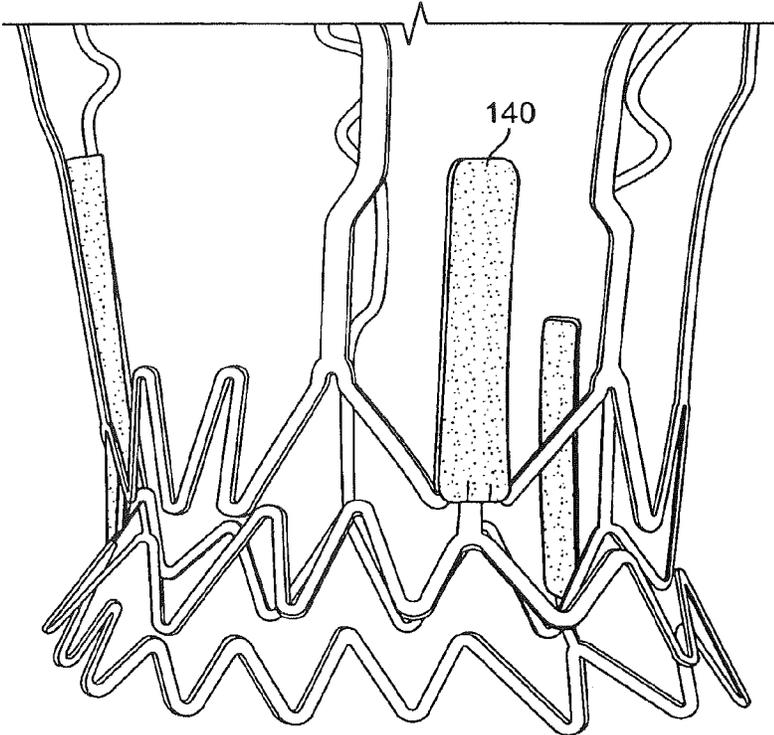
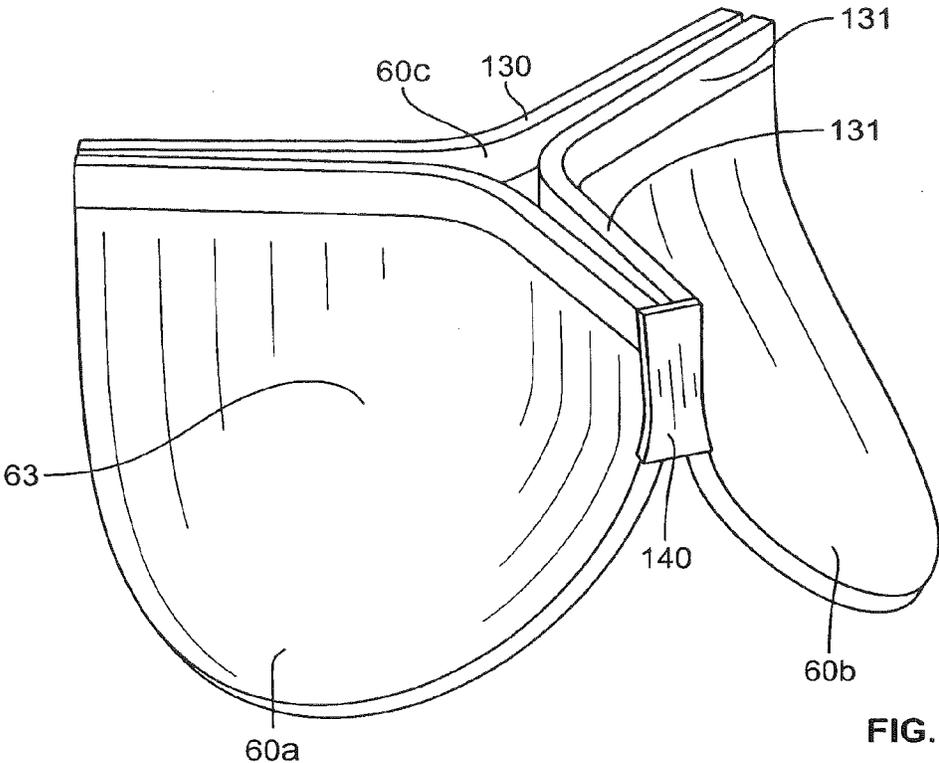


FIG. 17



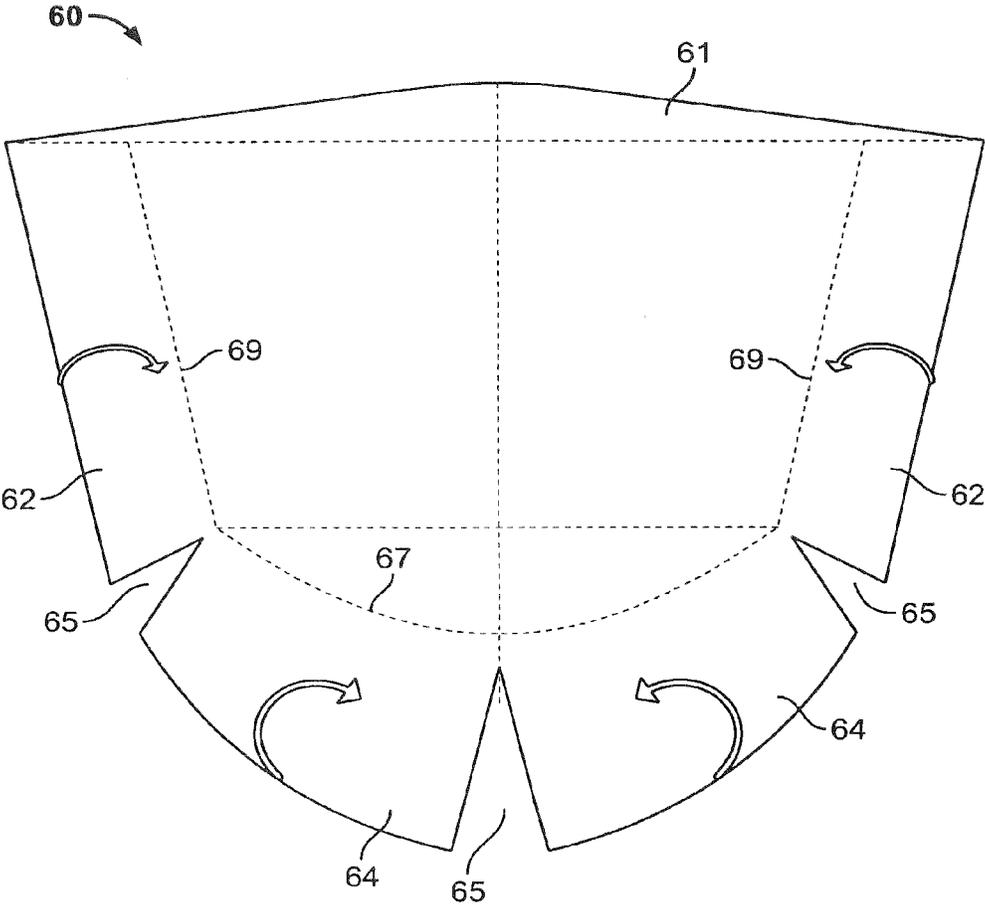


FIG. 19

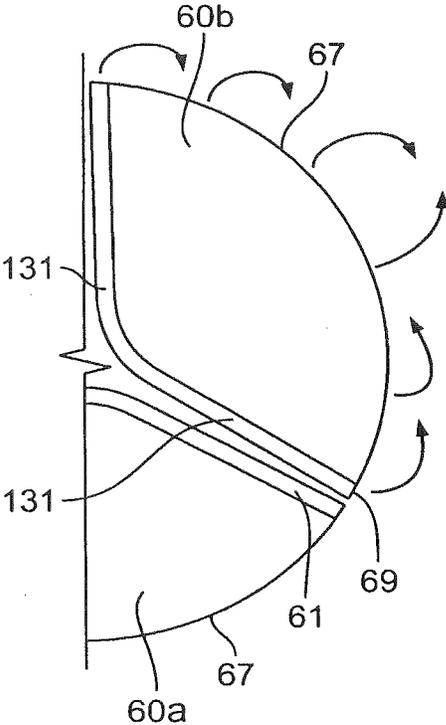


FIG. 20A

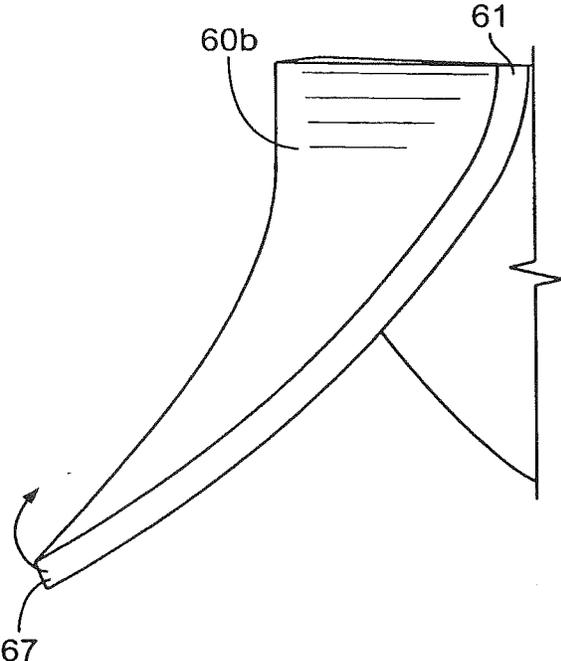


FIG. 20B

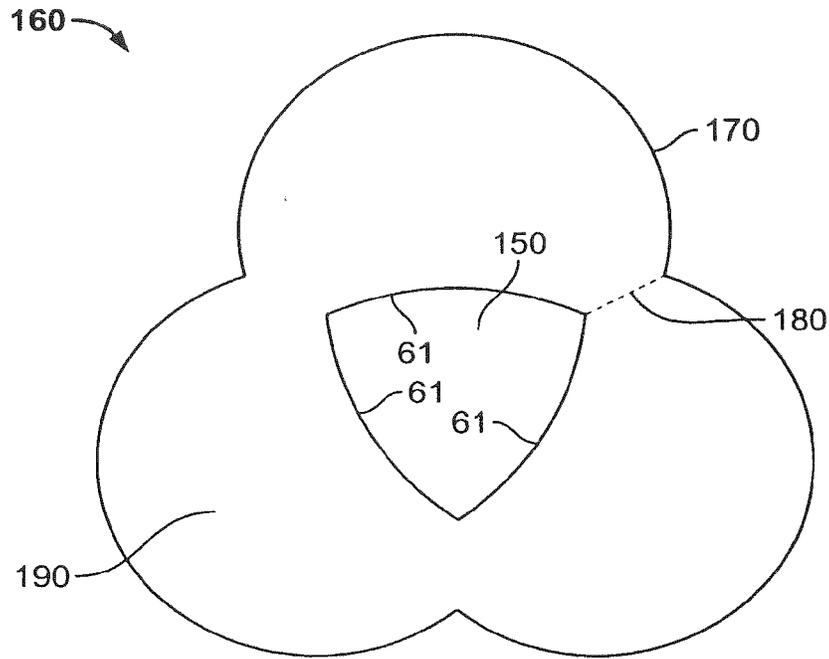


FIG. 21

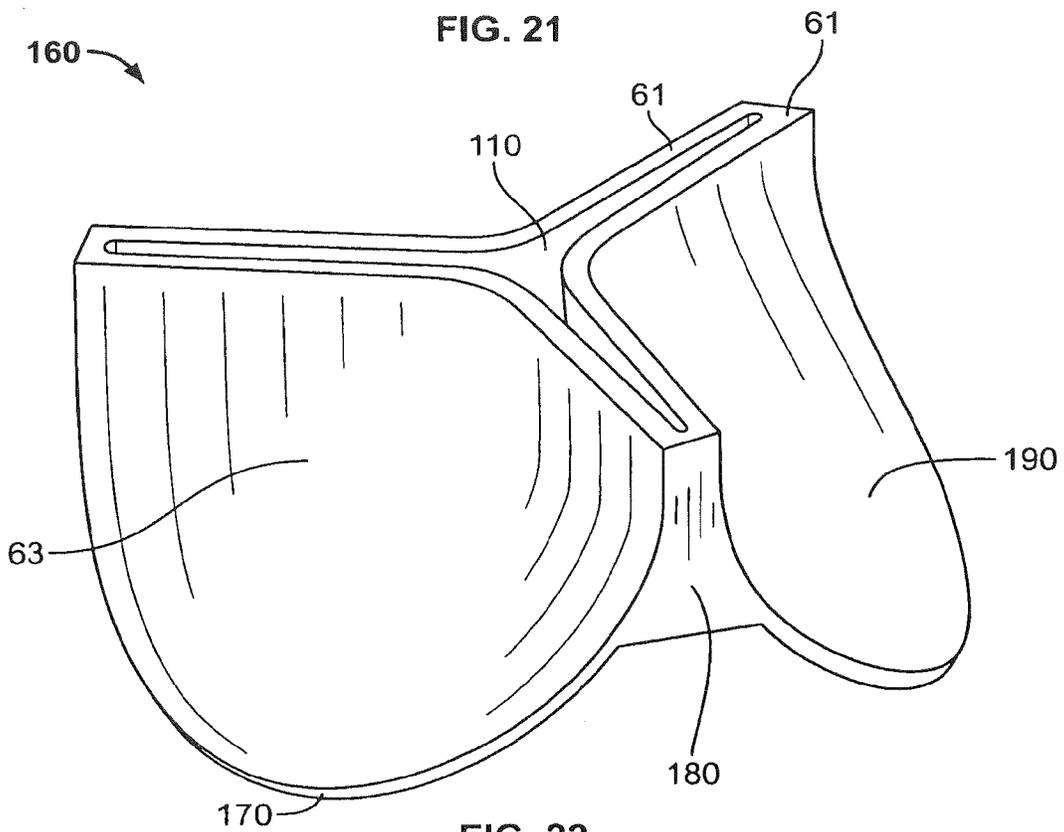


FIG. 22

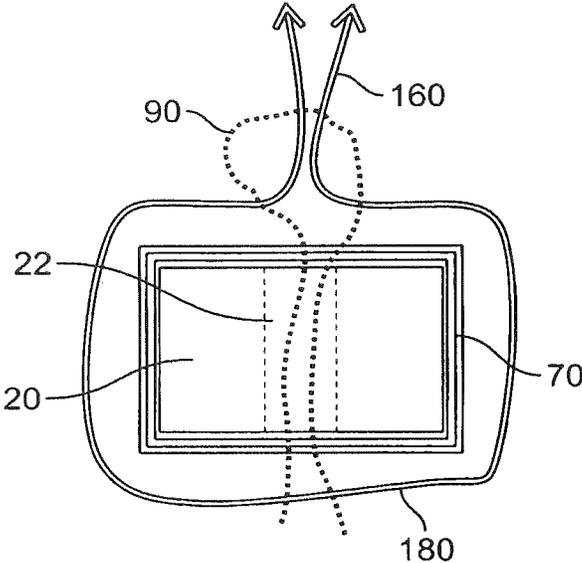


FIG. 23A

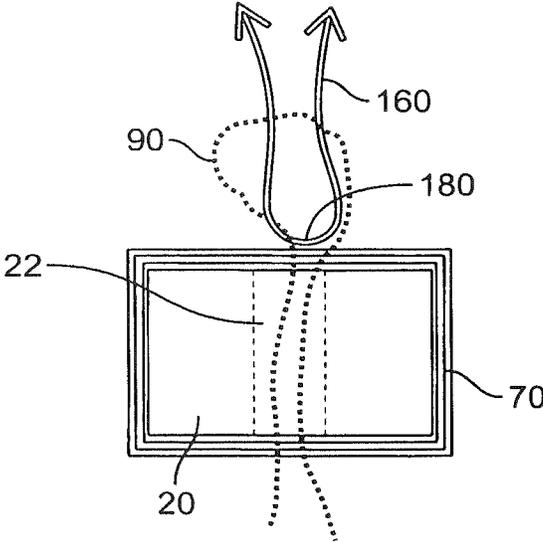


FIG. 23B

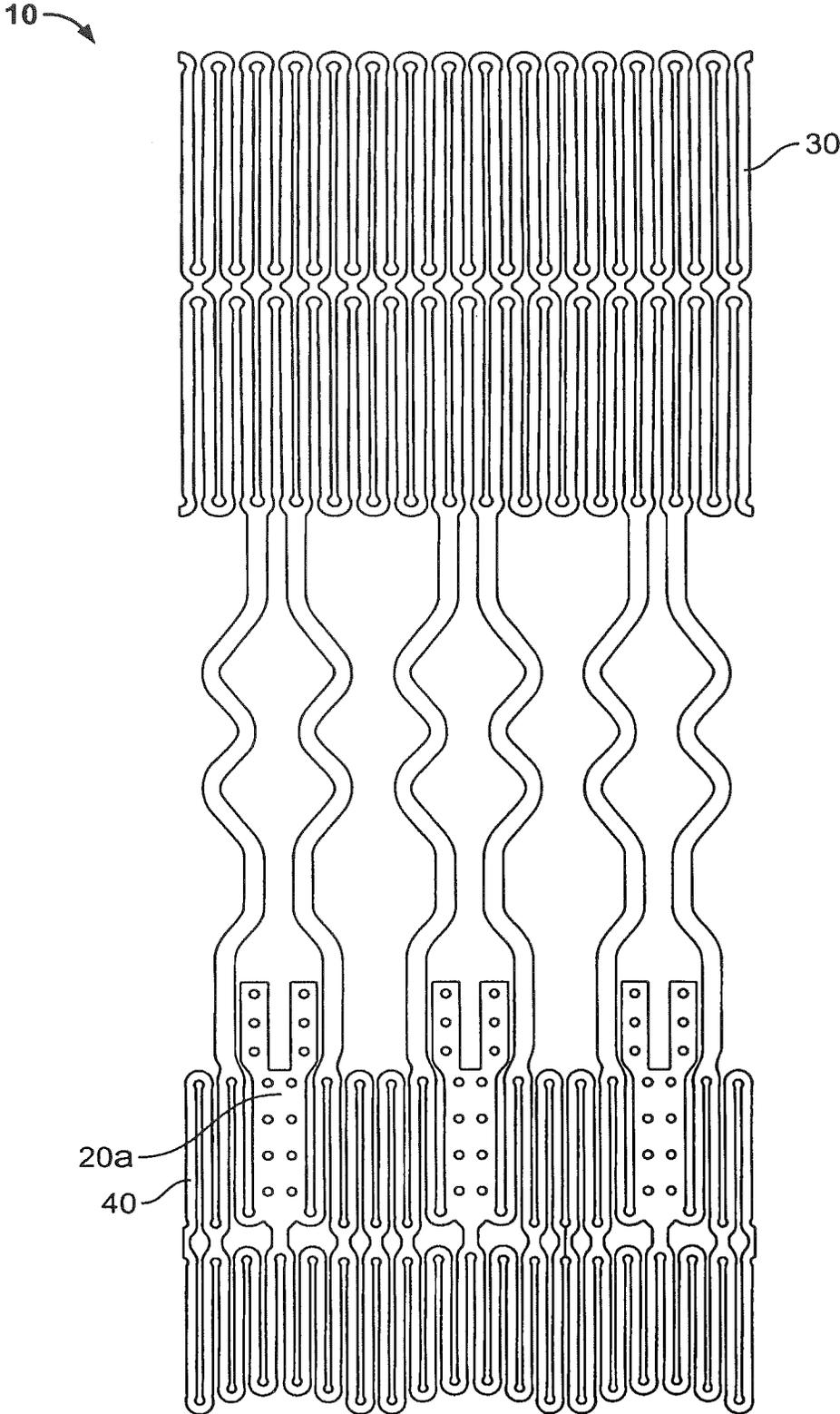


FIG. 24A

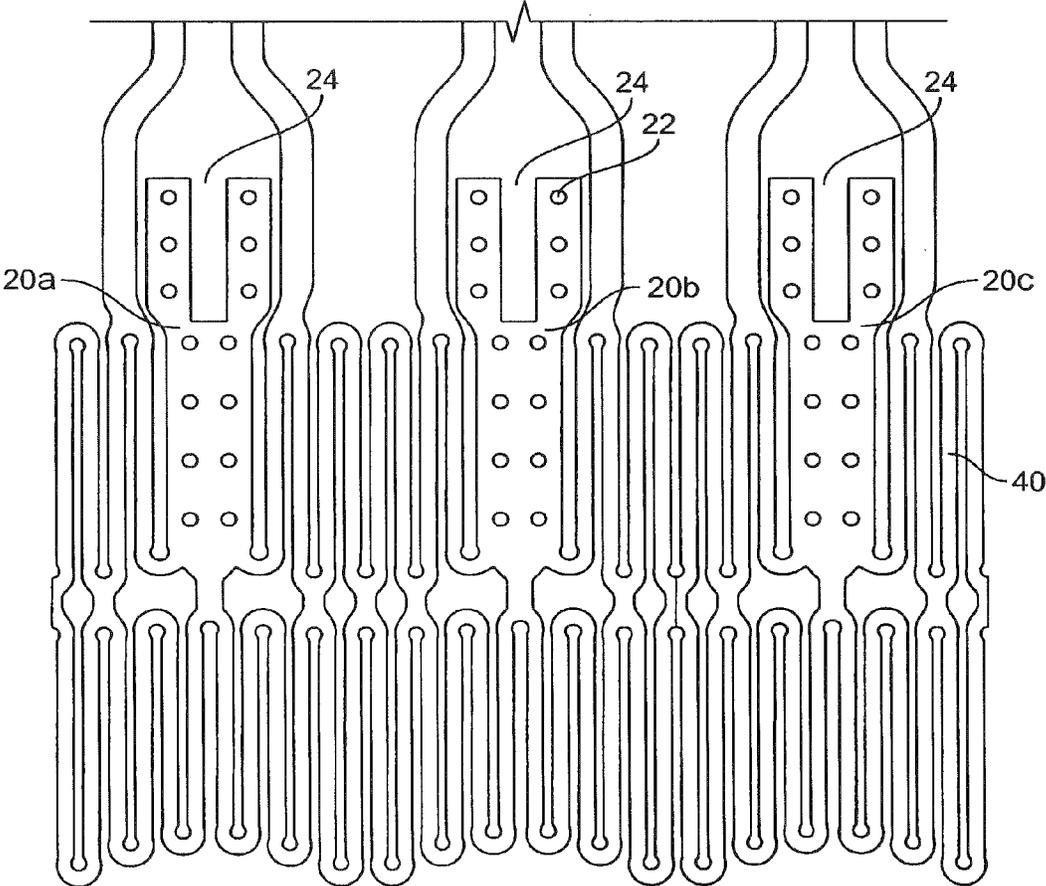


FIG. 24B

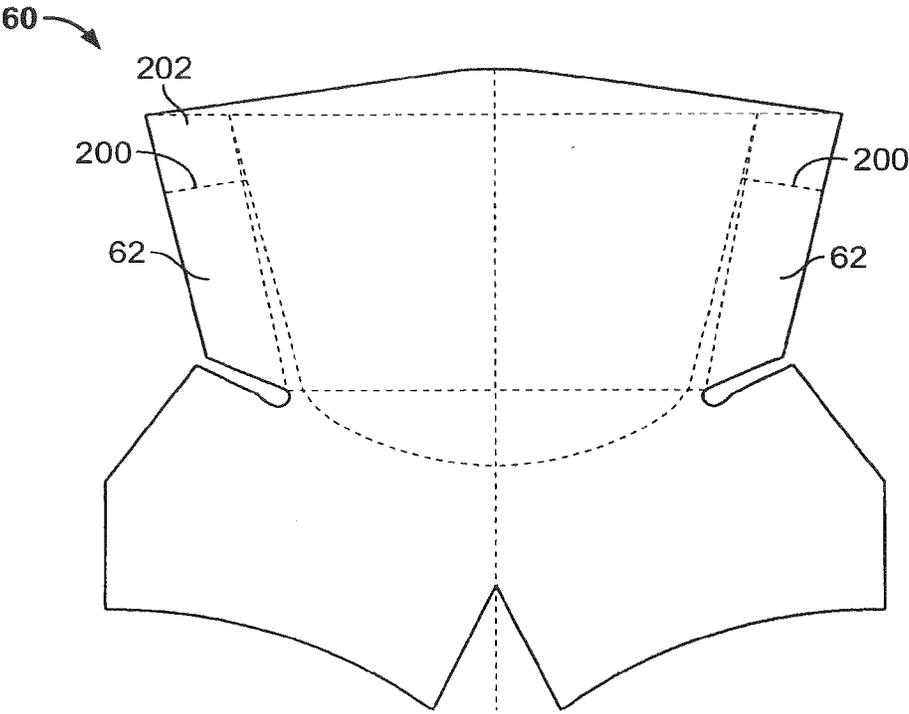


FIG. 25A

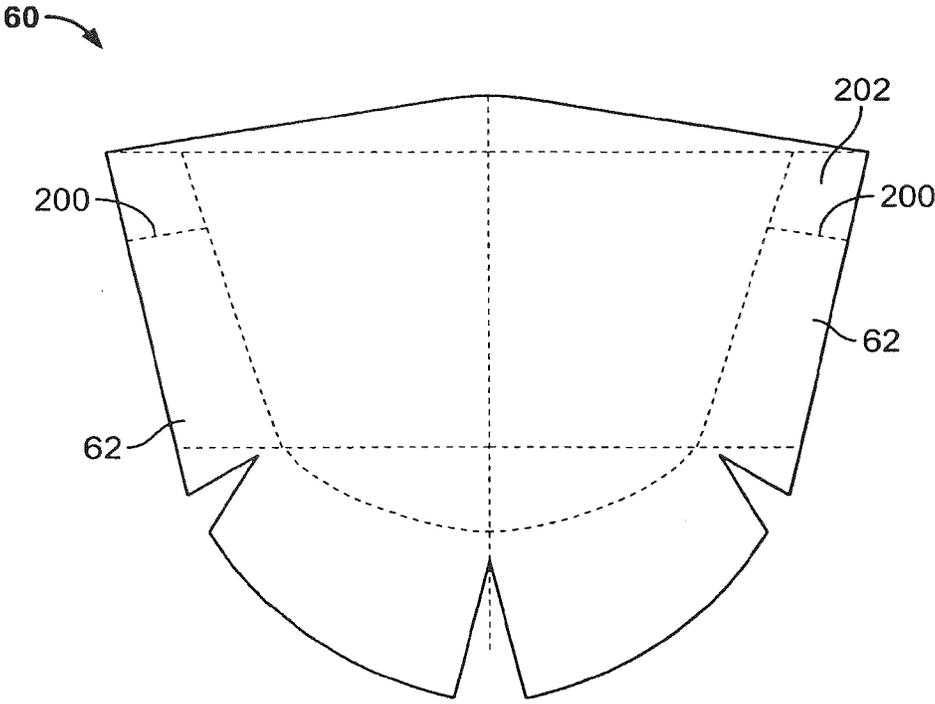


FIG. 25B

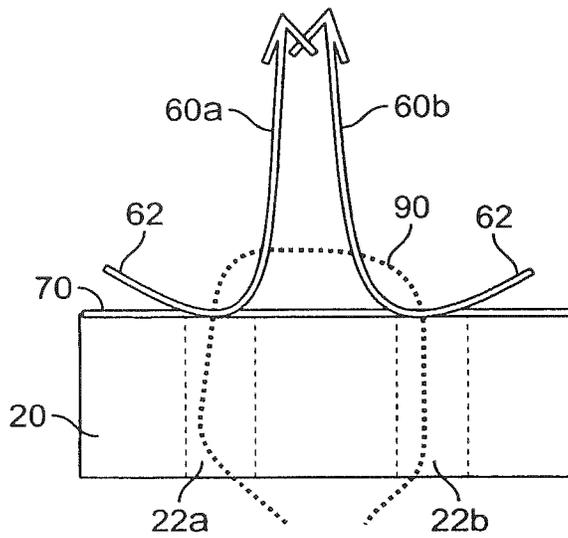


FIG. 26A

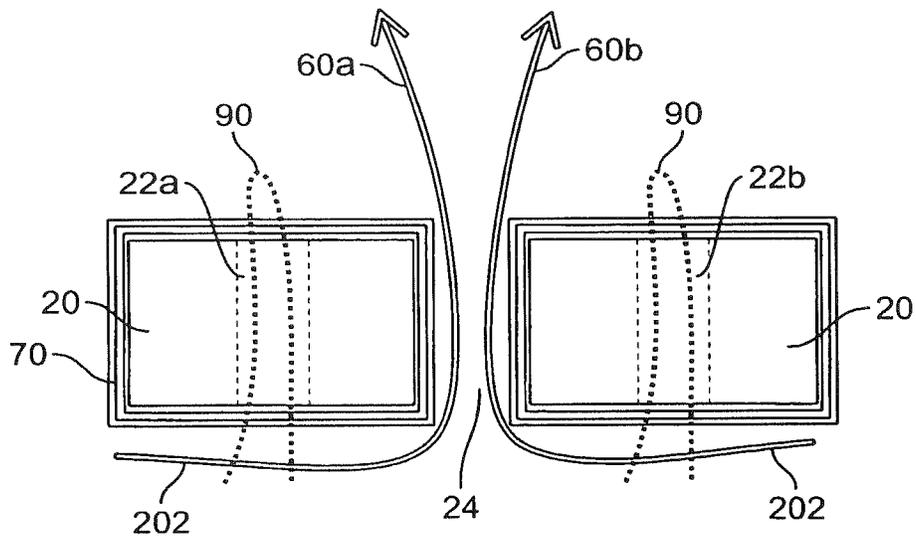
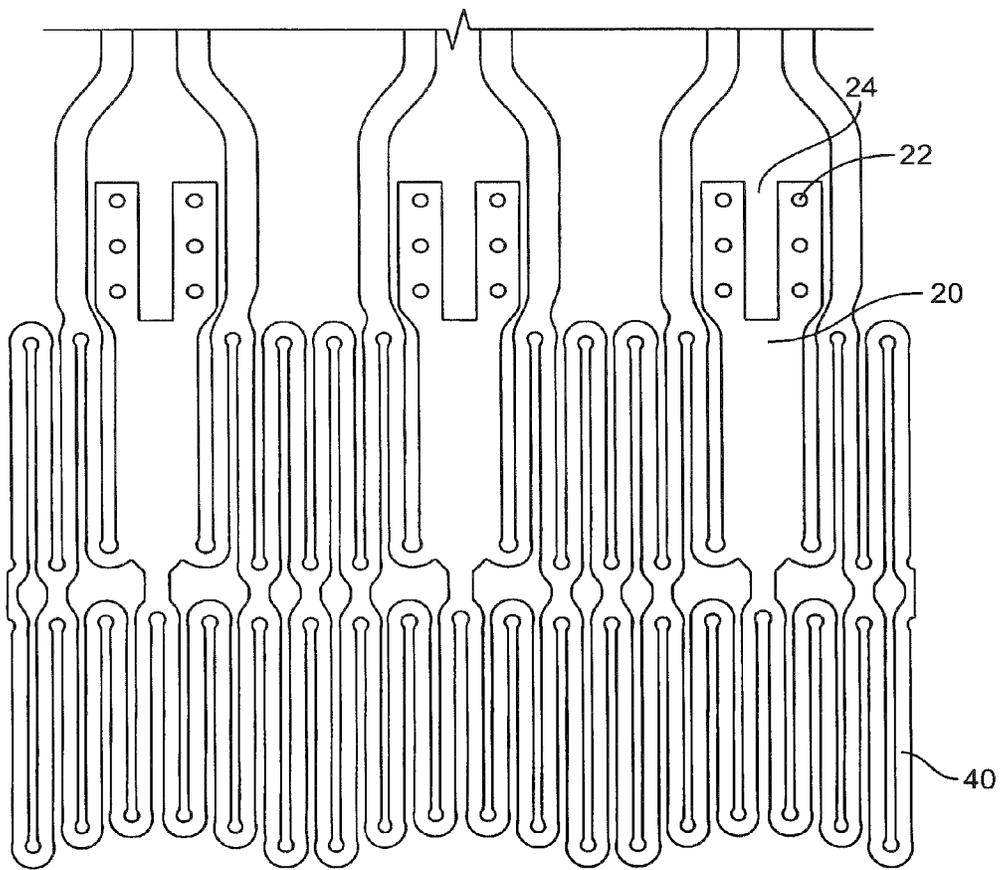
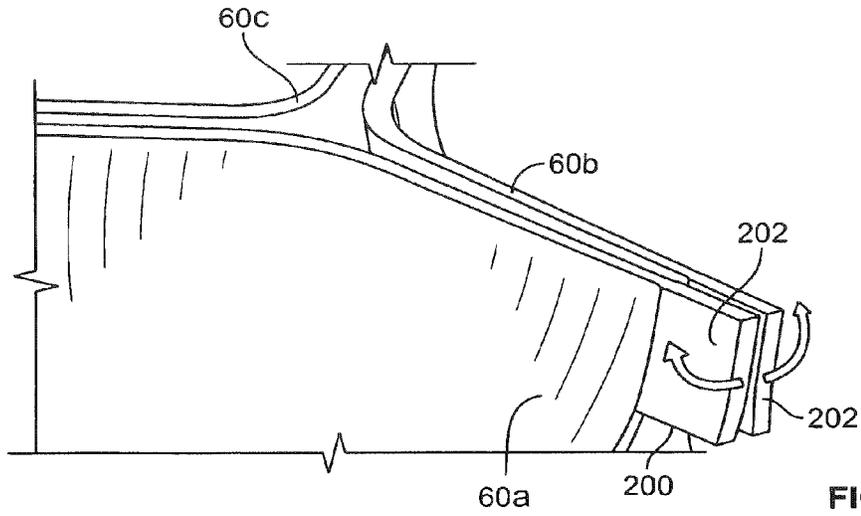


FIG. 26B



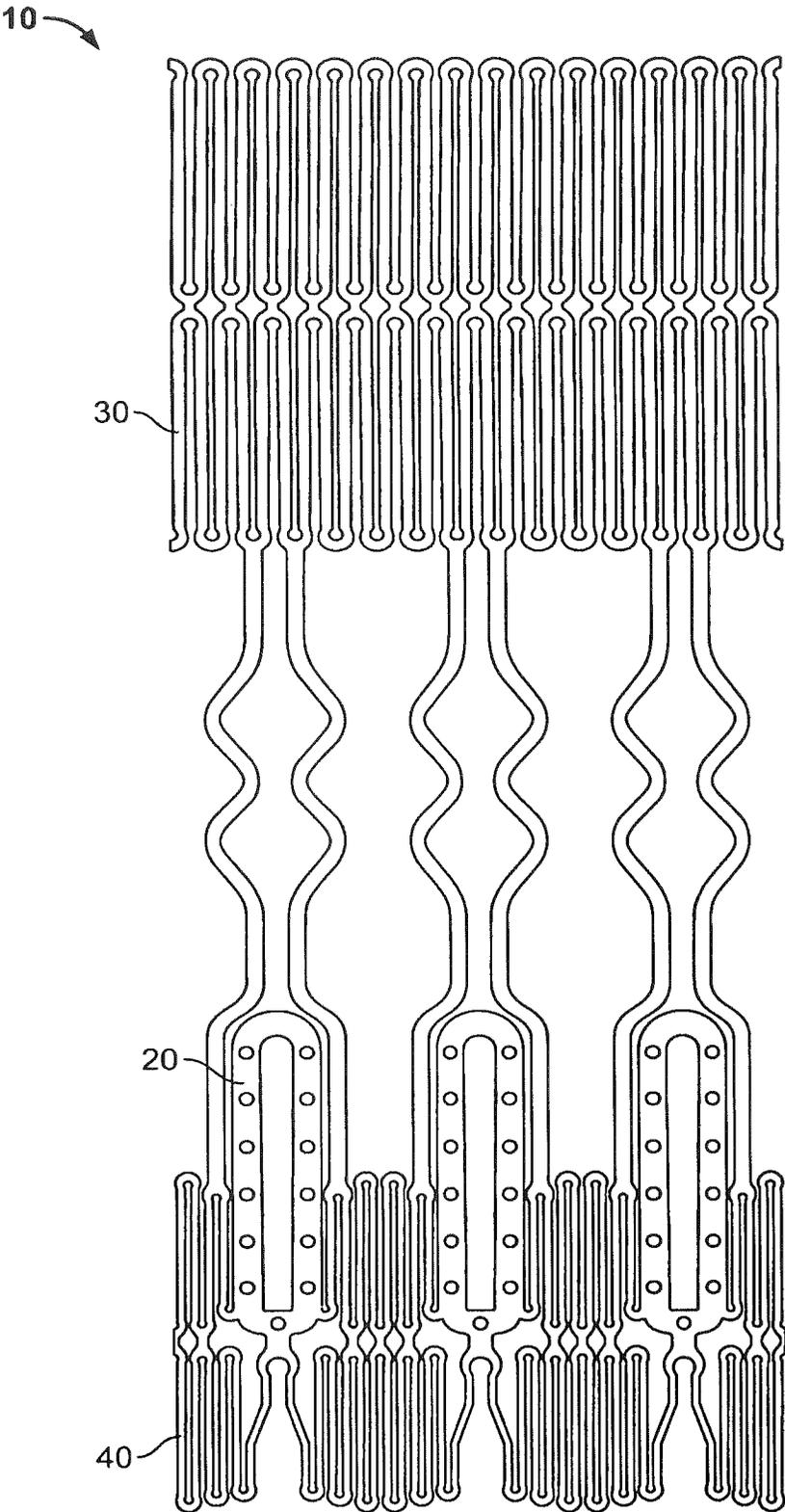


FIG. 29A

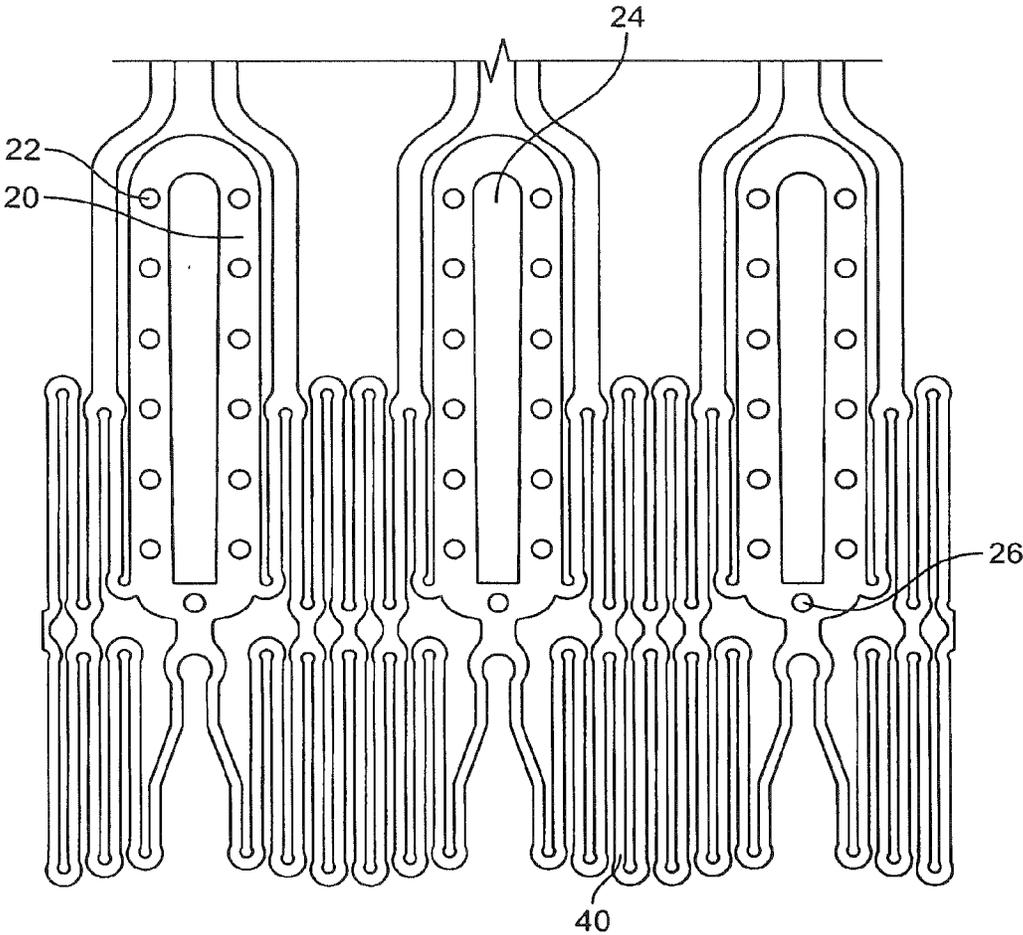


FIG. 29B

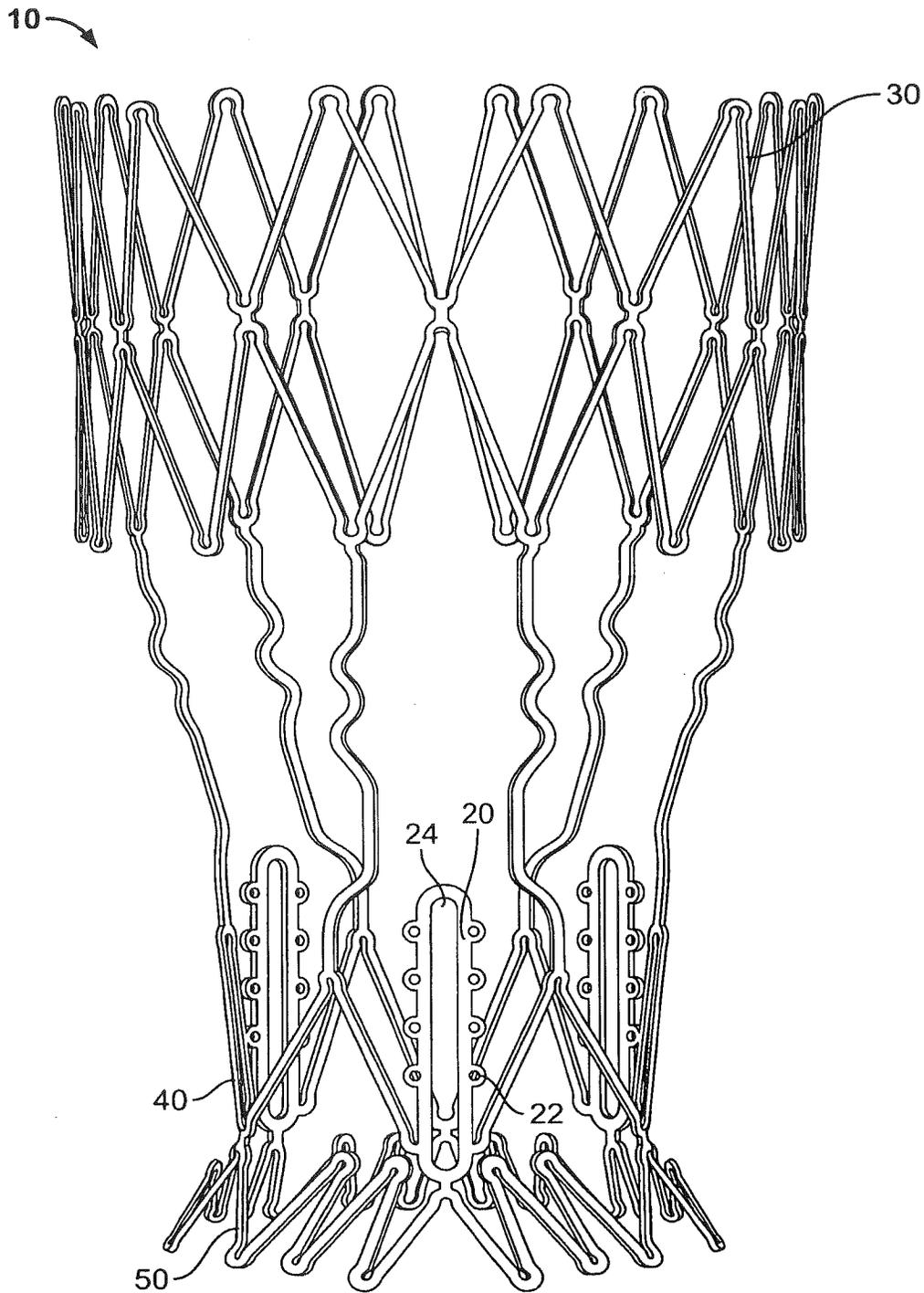


FIG. 30

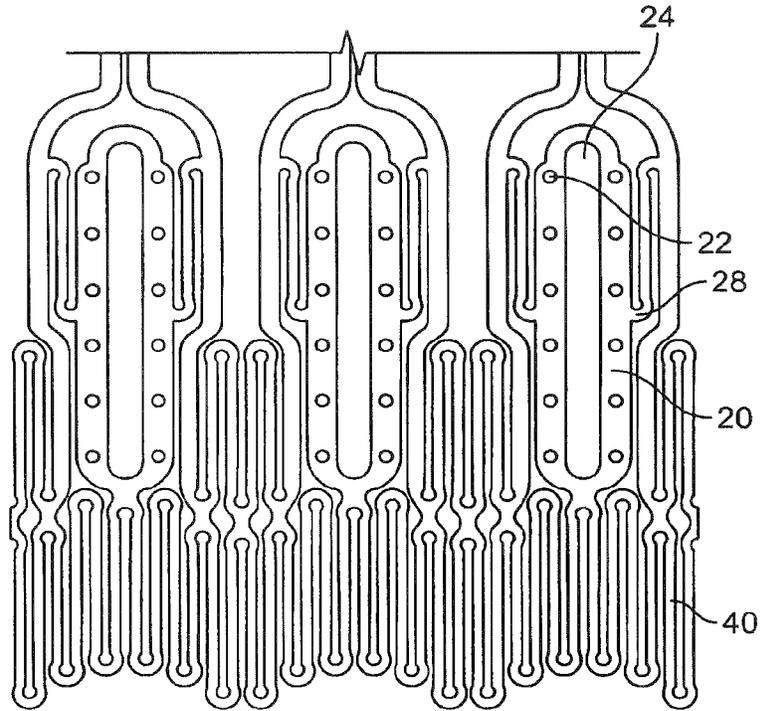


FIG. 31

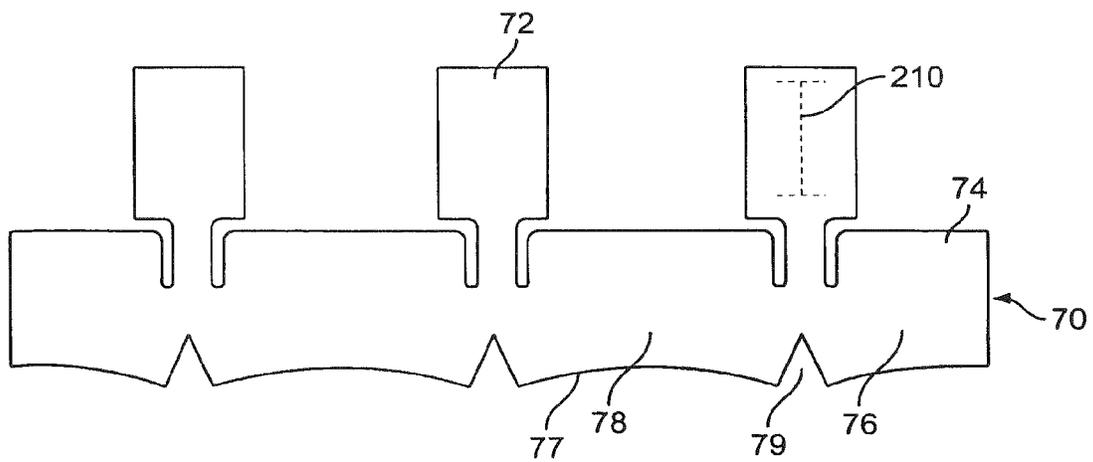


FIG. 32

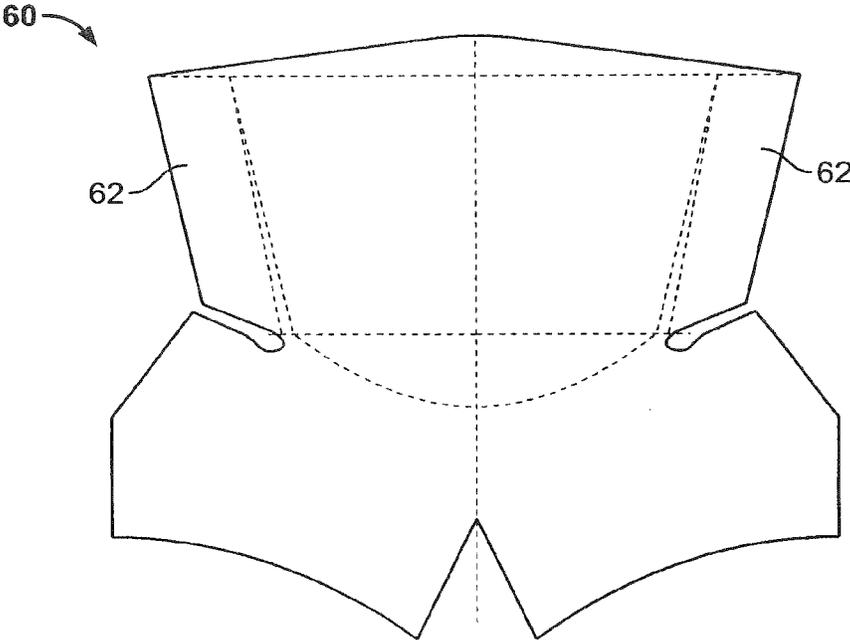


FIG. 33A

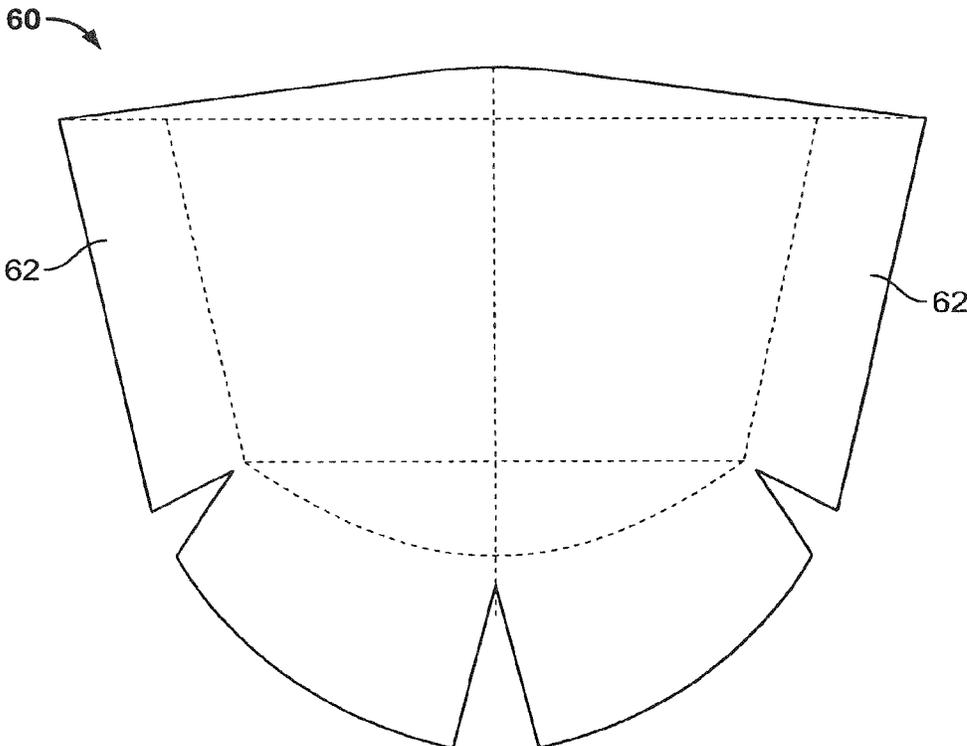


FIG. 33B

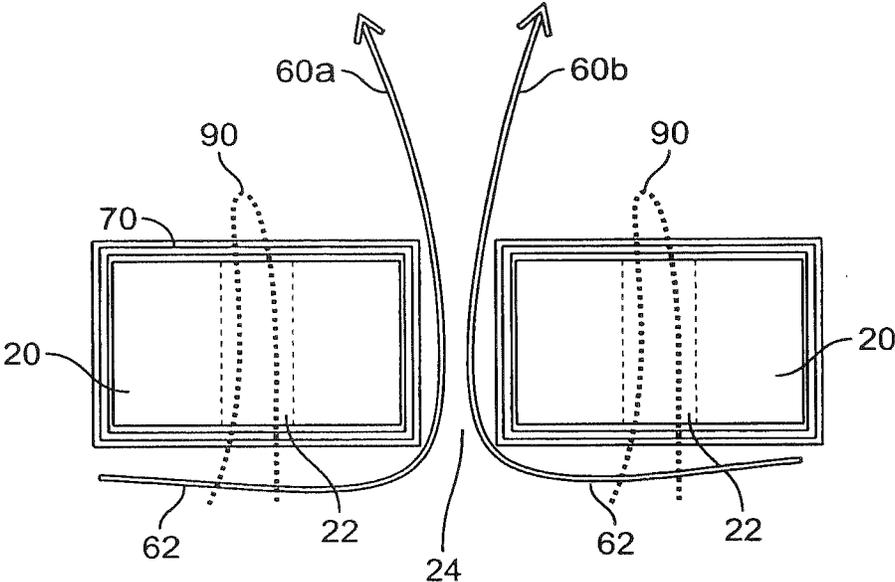


FIG. 34

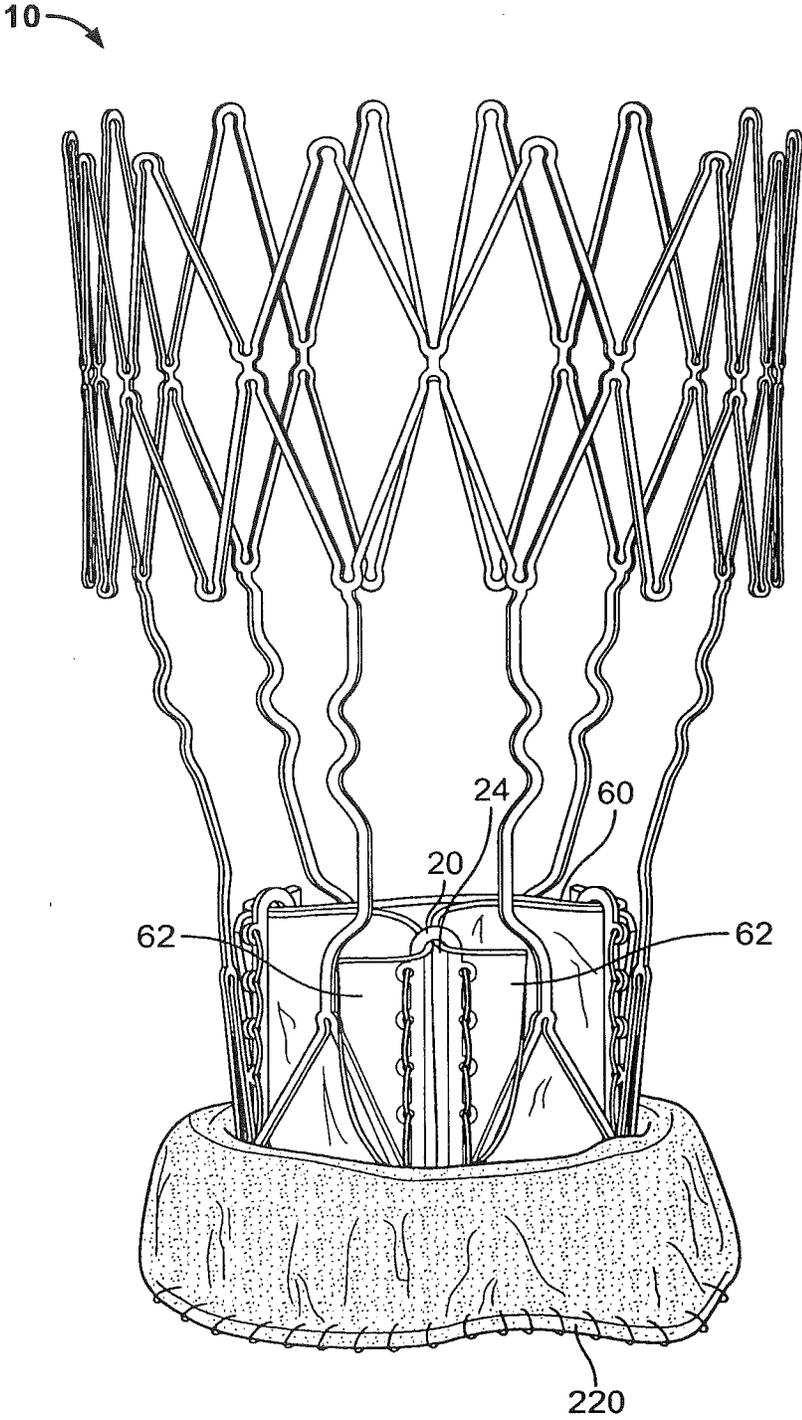


FIG. 35A

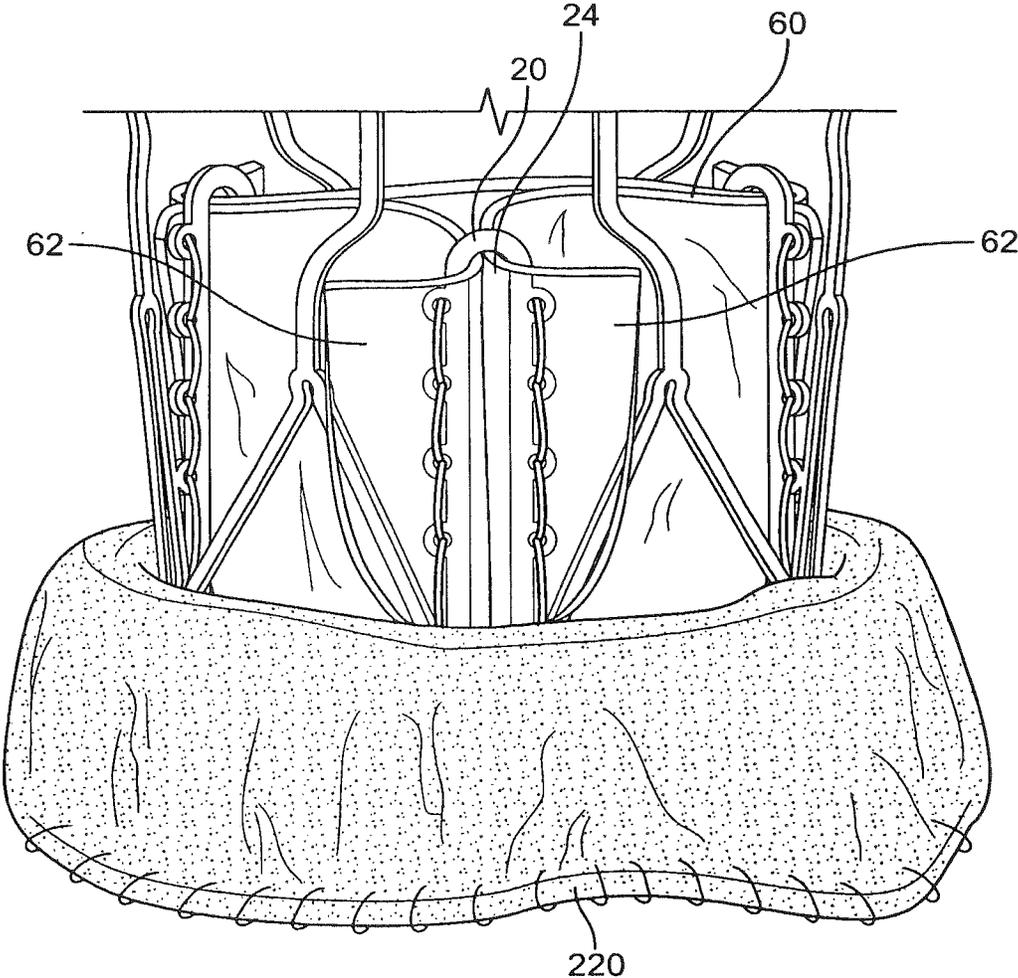


FIG. 35B

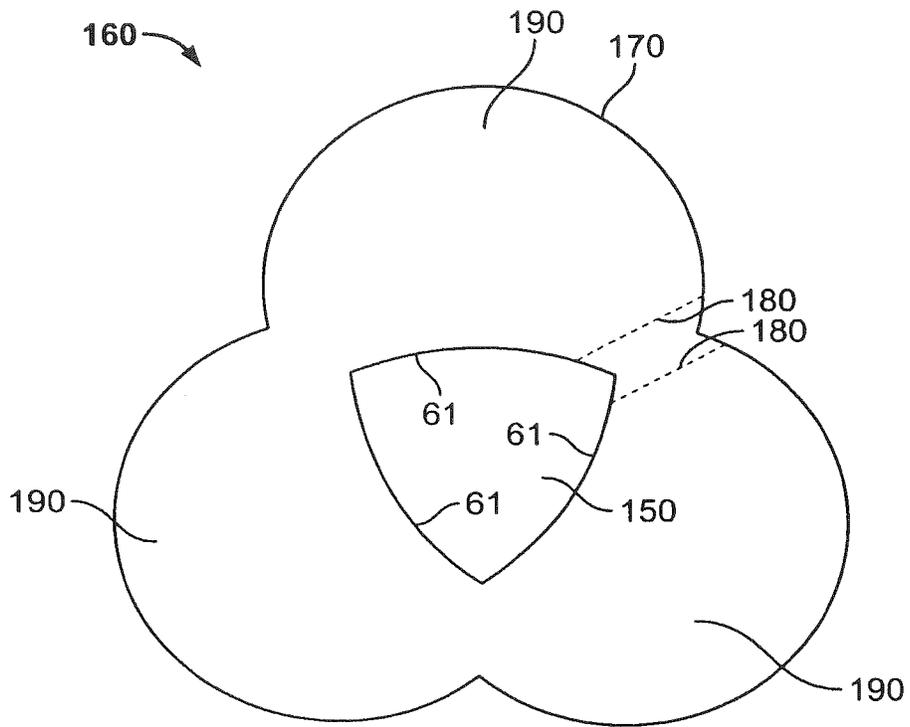


FIG. 36

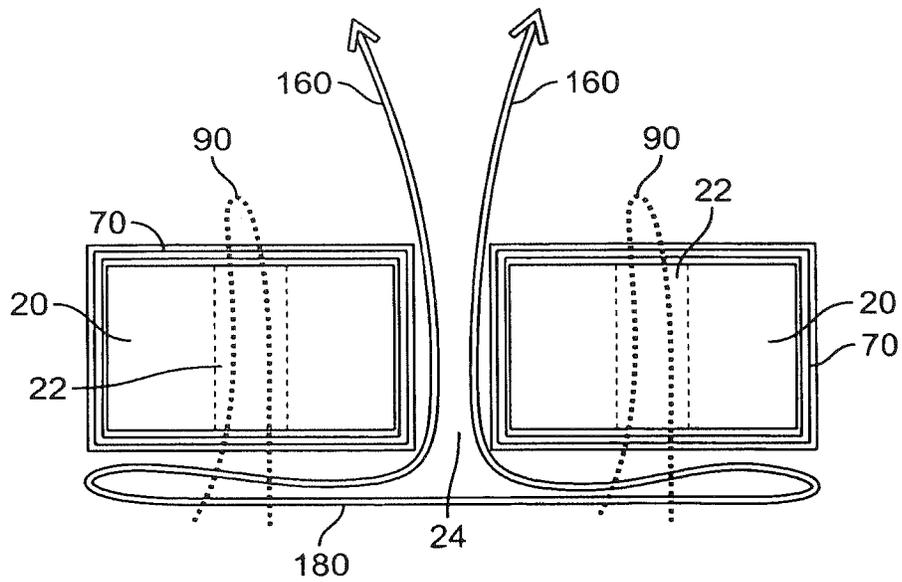


FIG. 37

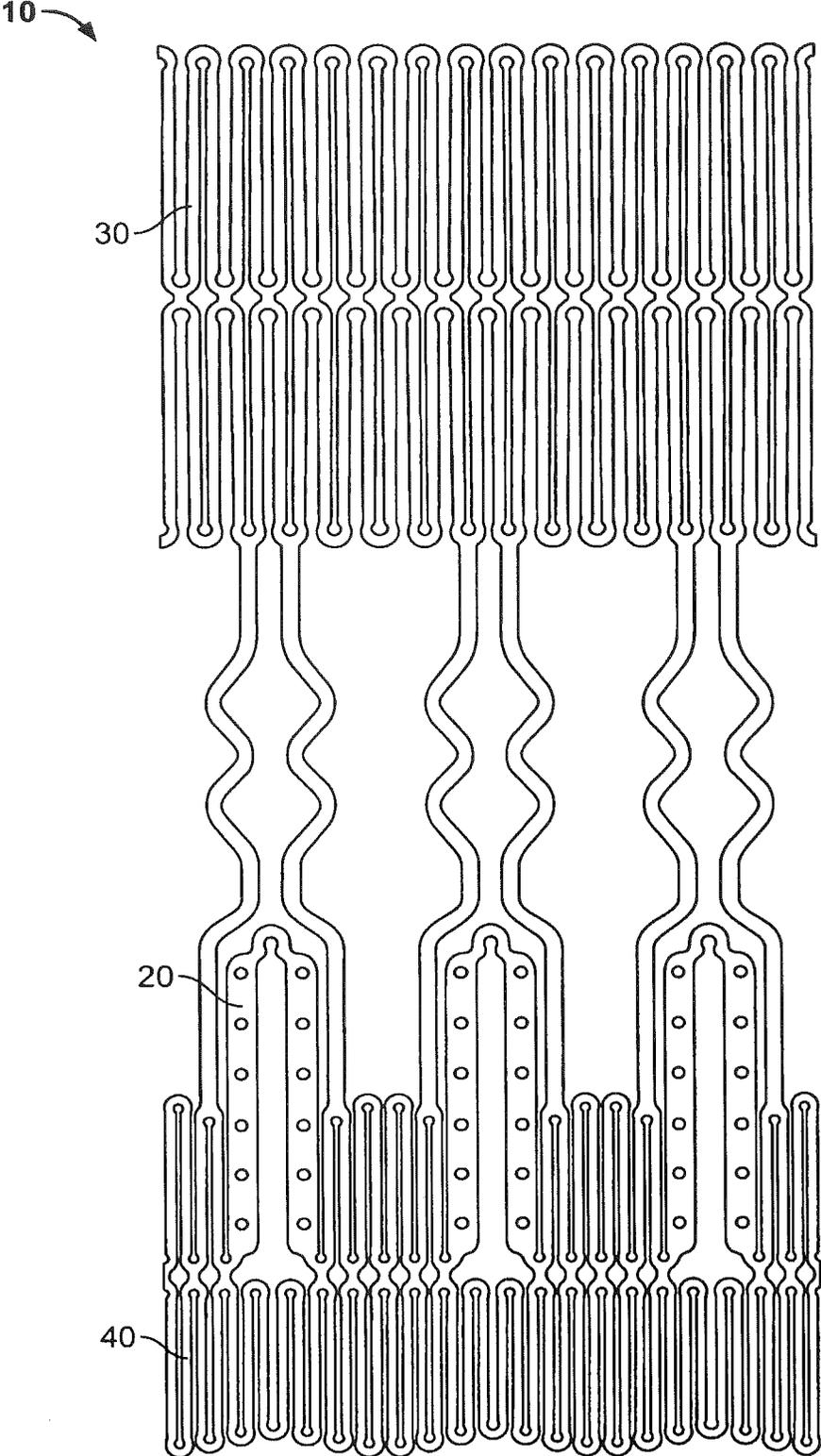


FIG. 38A

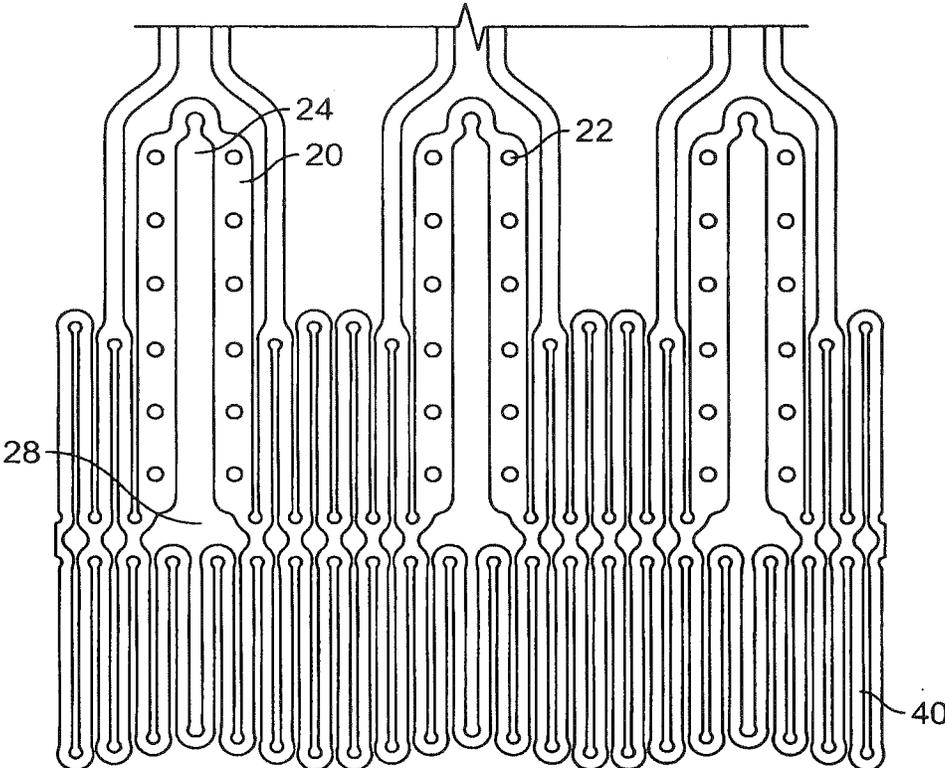


FIG. 38B

10 →

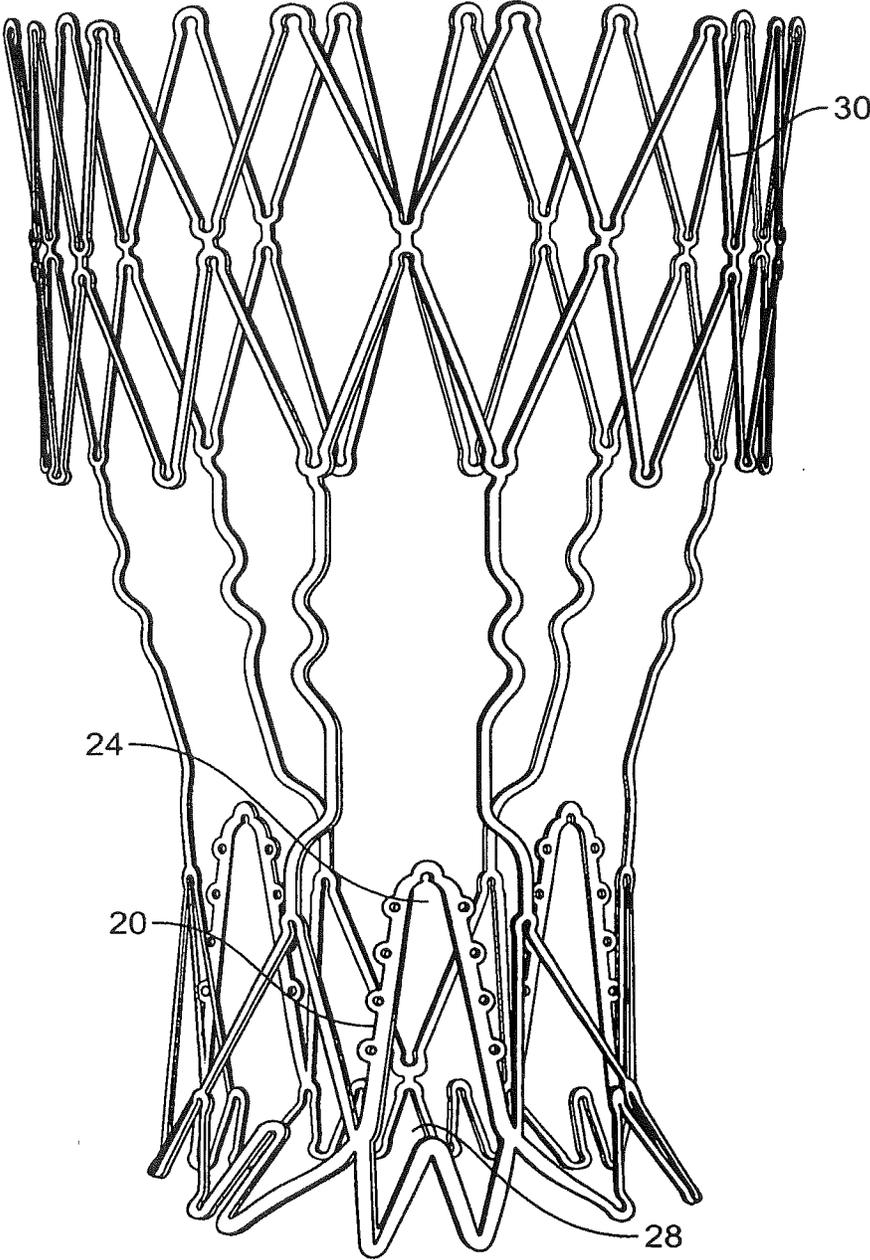


FIG. 39

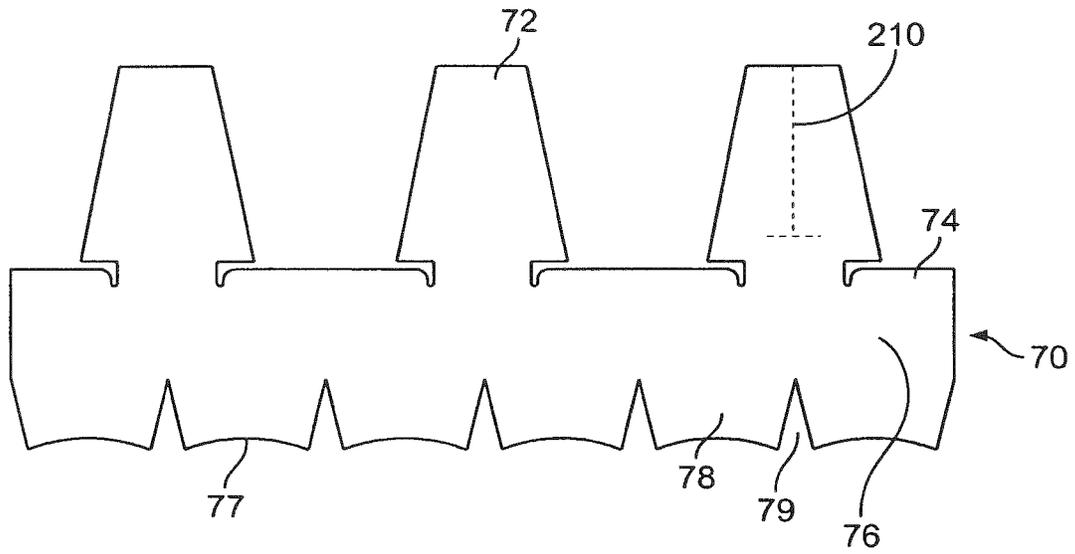


FIG. 40

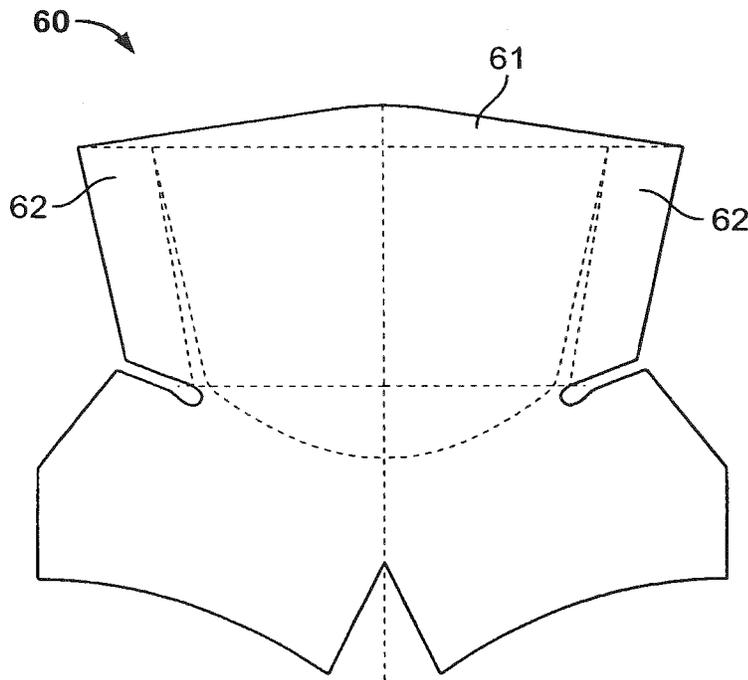


FIG. 41A

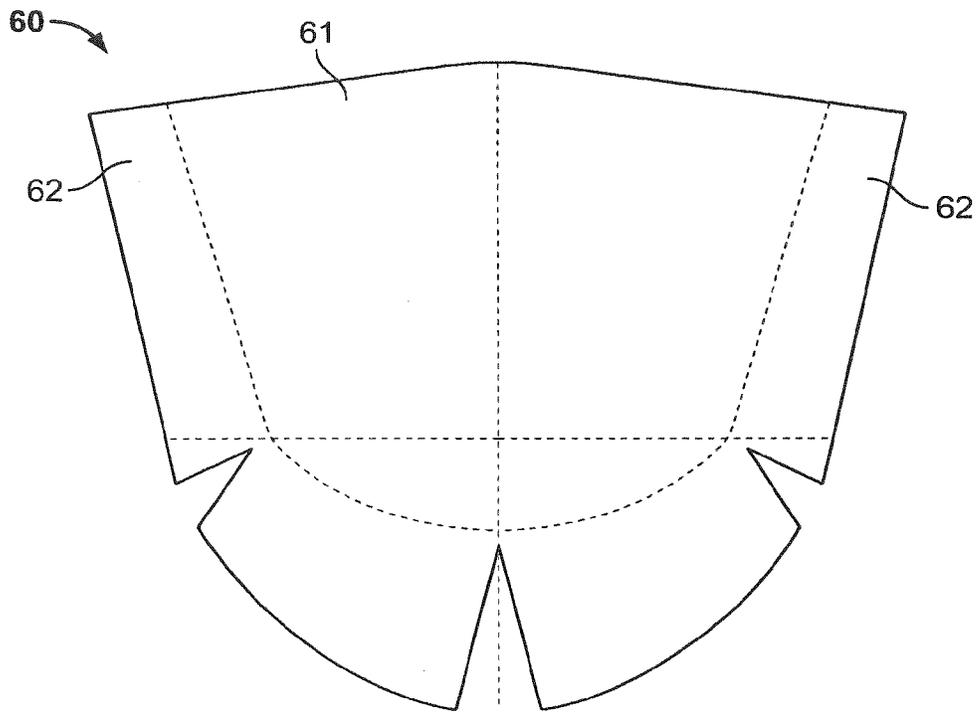


FIG. 41B

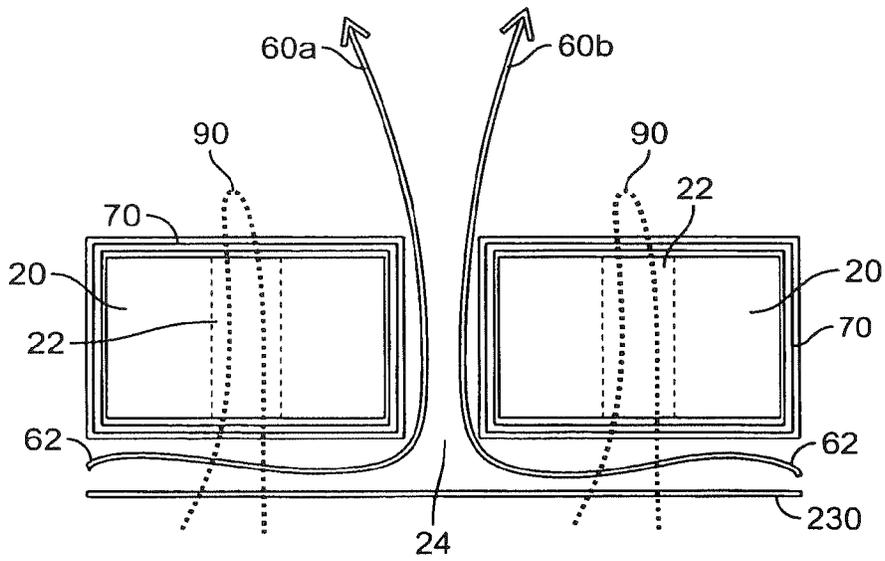


FIG. 42

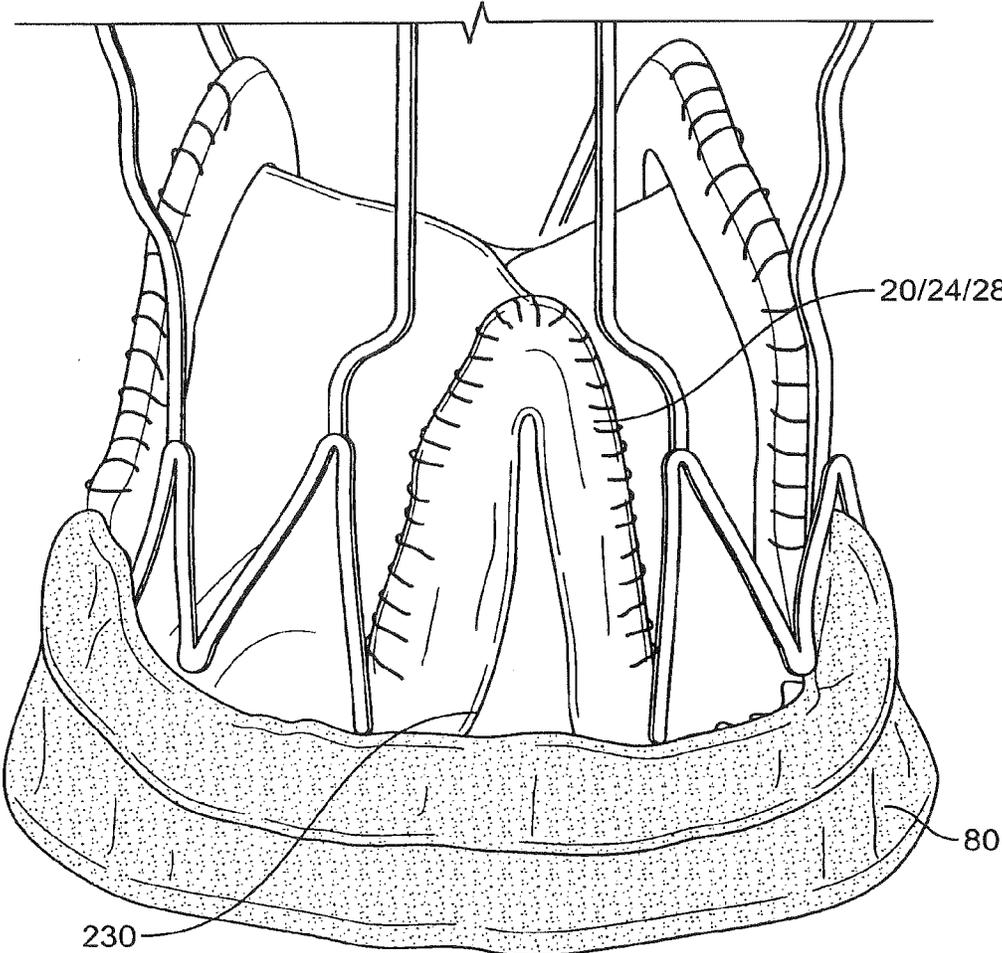


FIG. 43

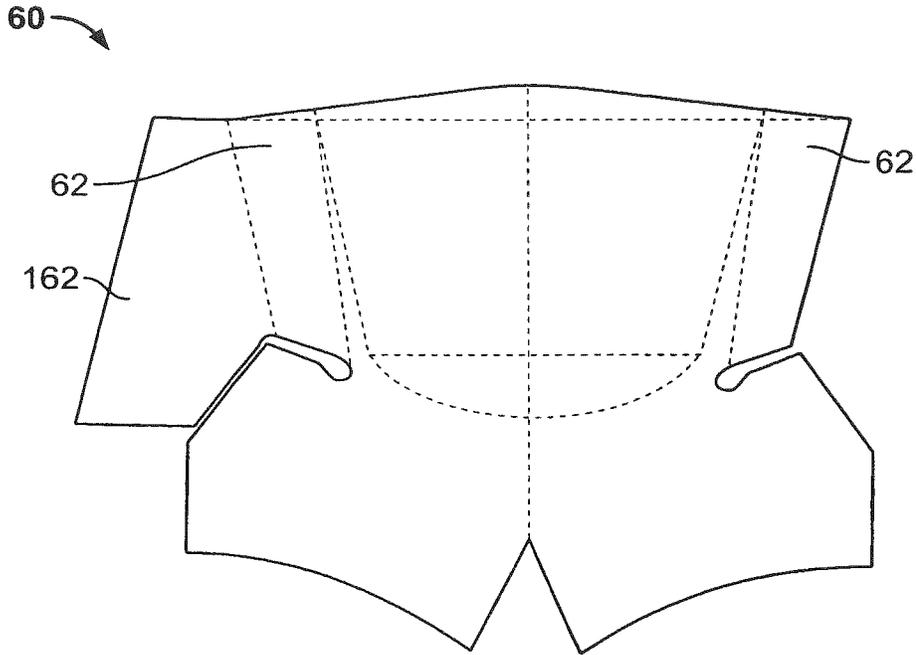


FIG. 44

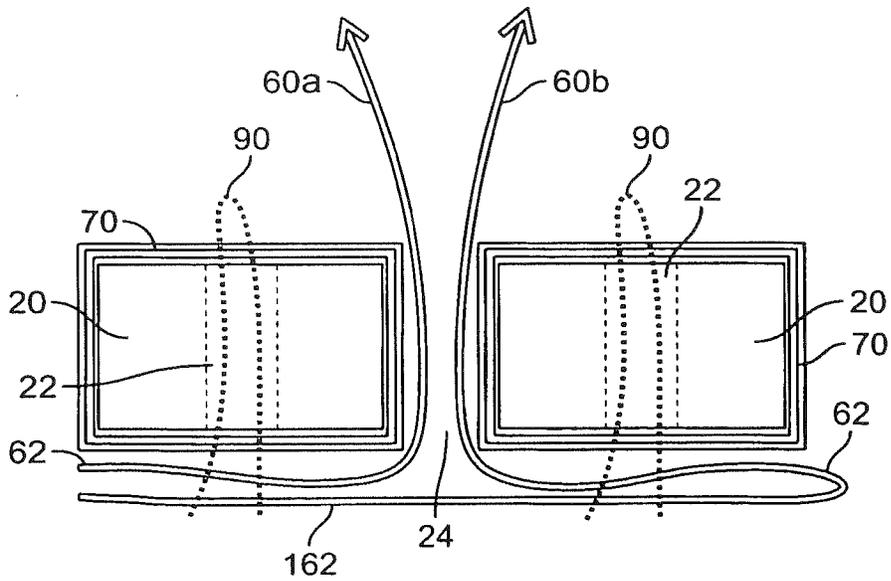


FIG. 45

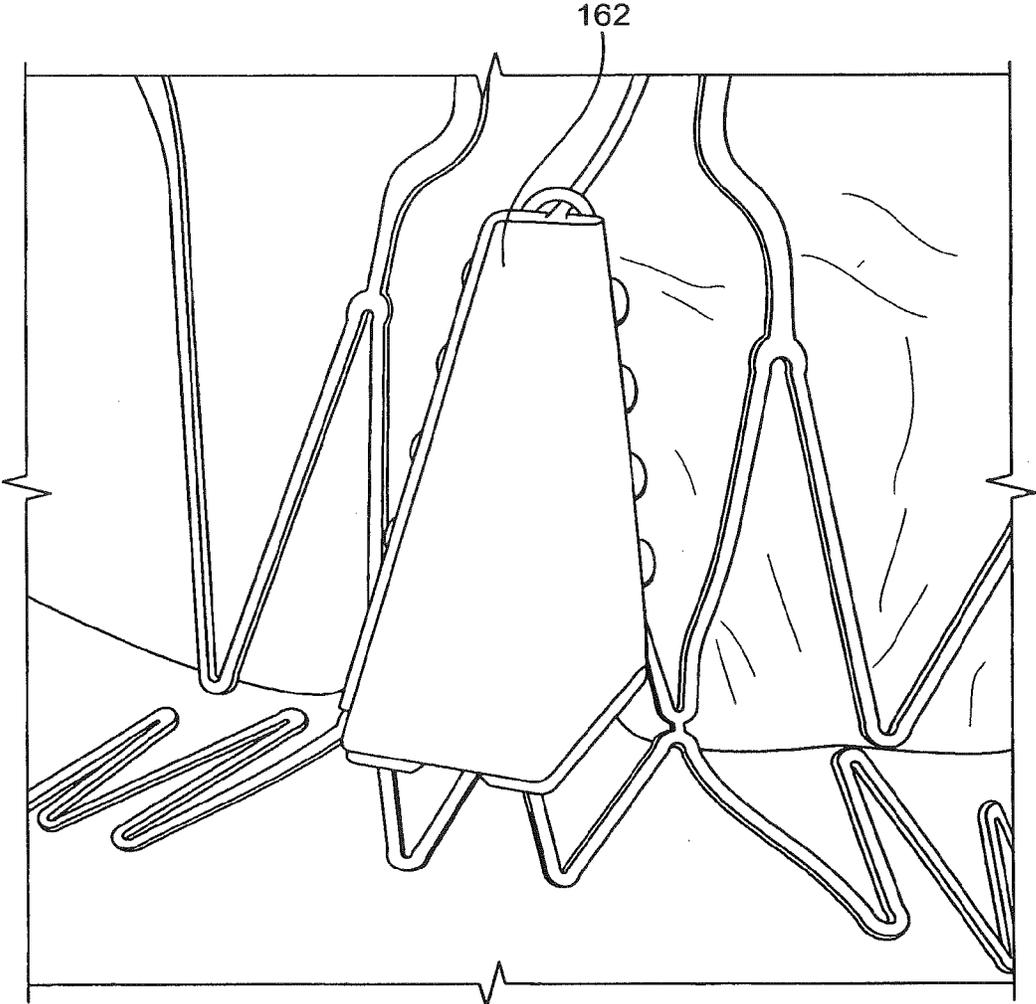


FIG. 46

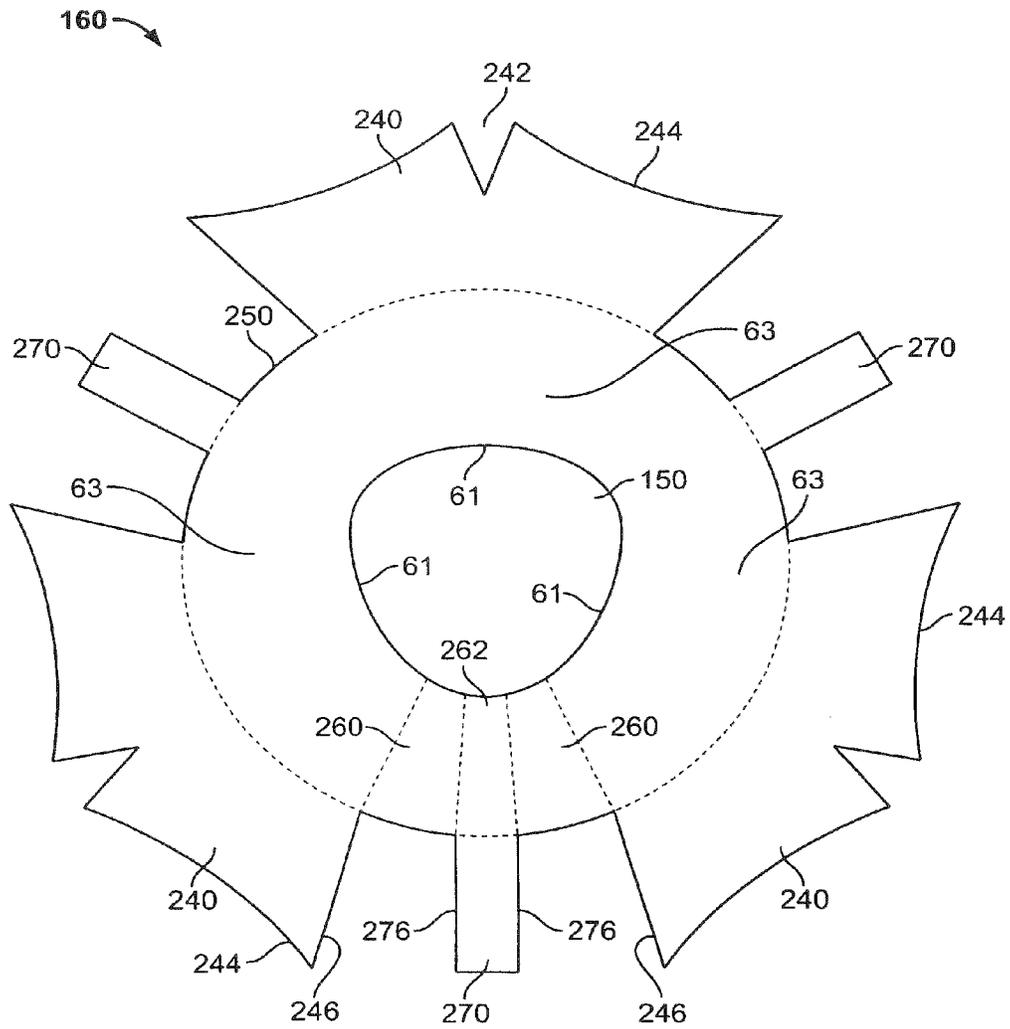


FIG. 47

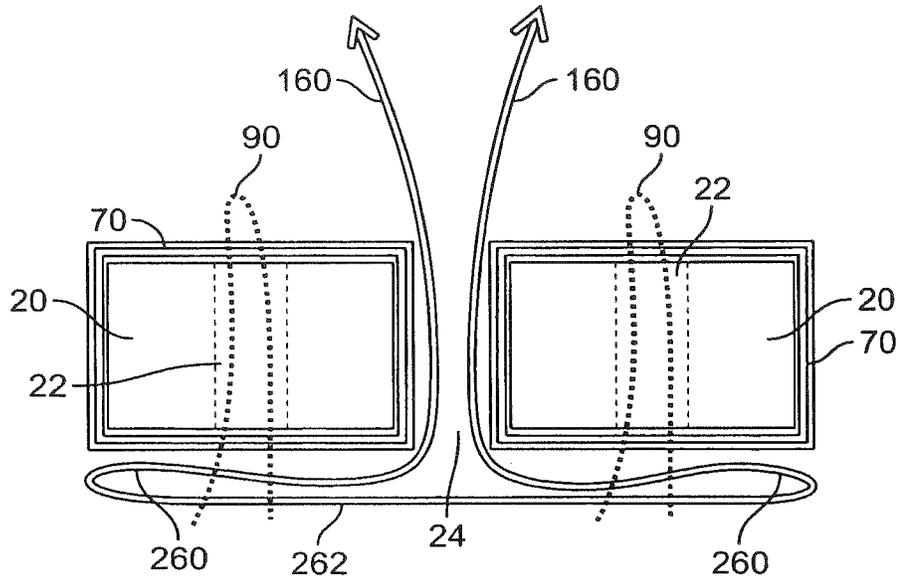


FIG. 48

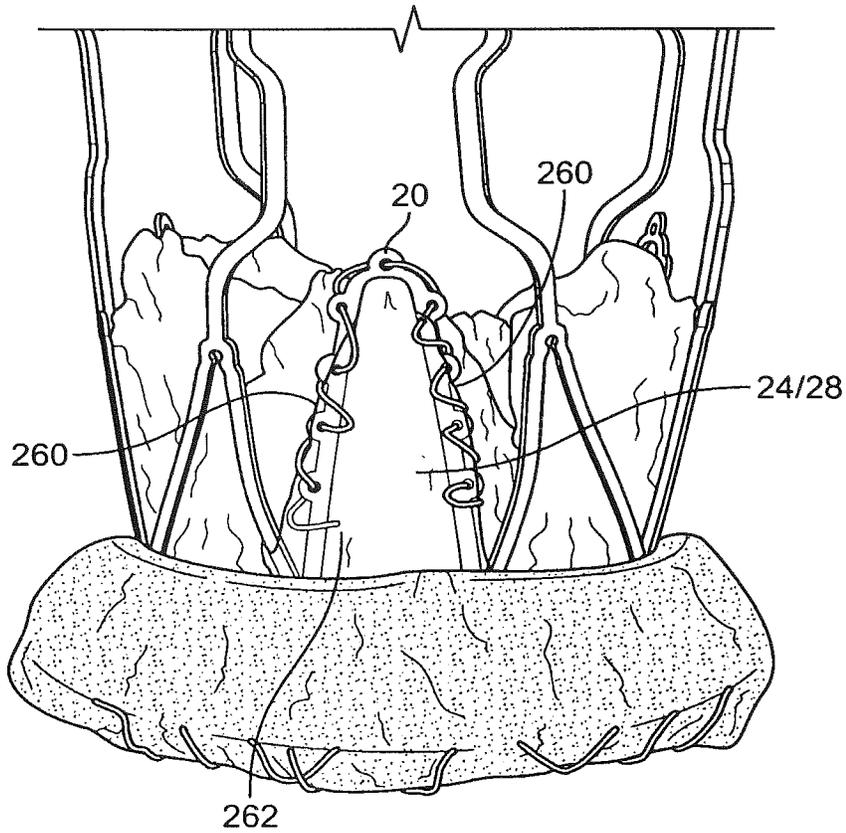


FIG. 49

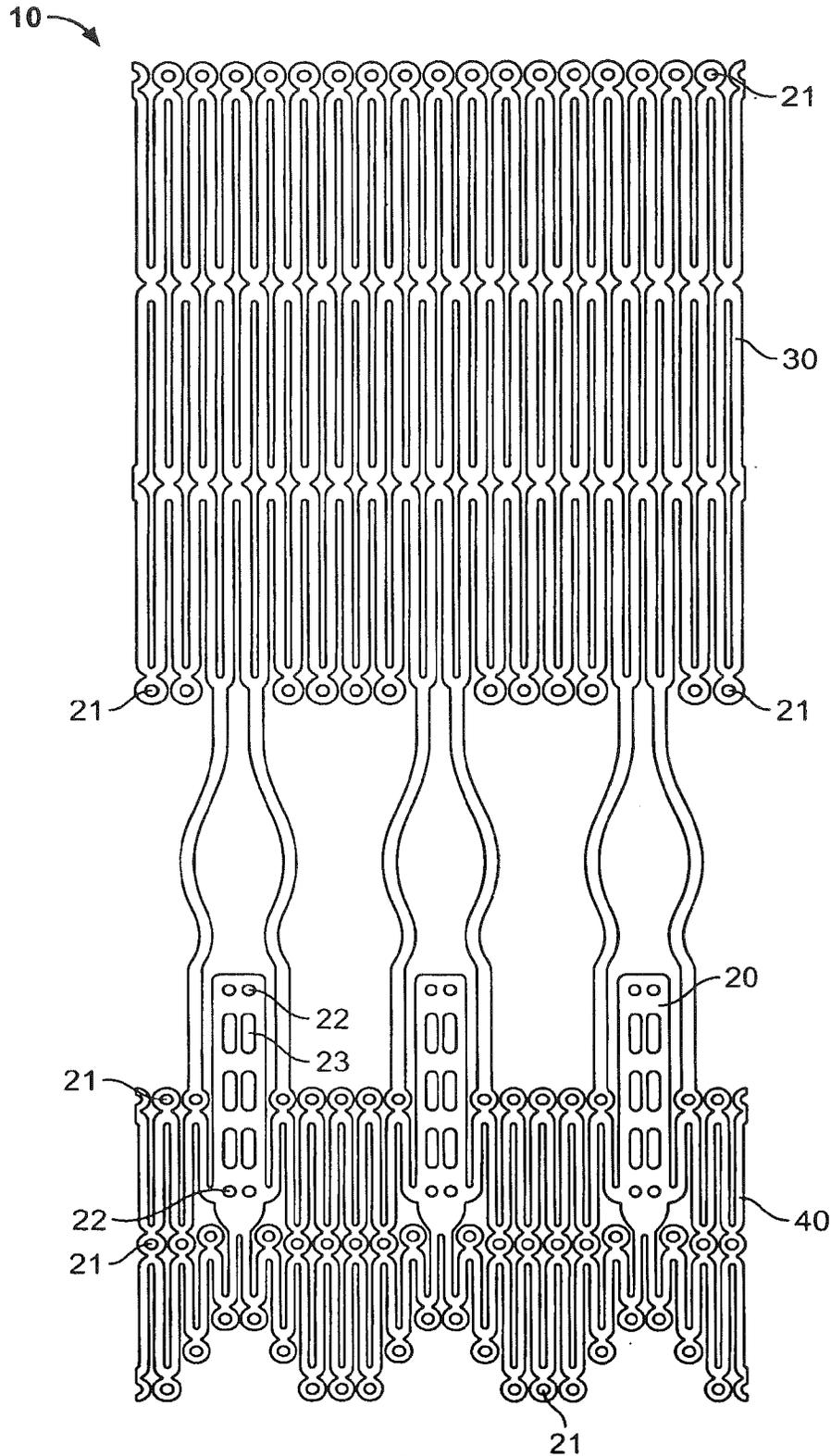


FIG. 50

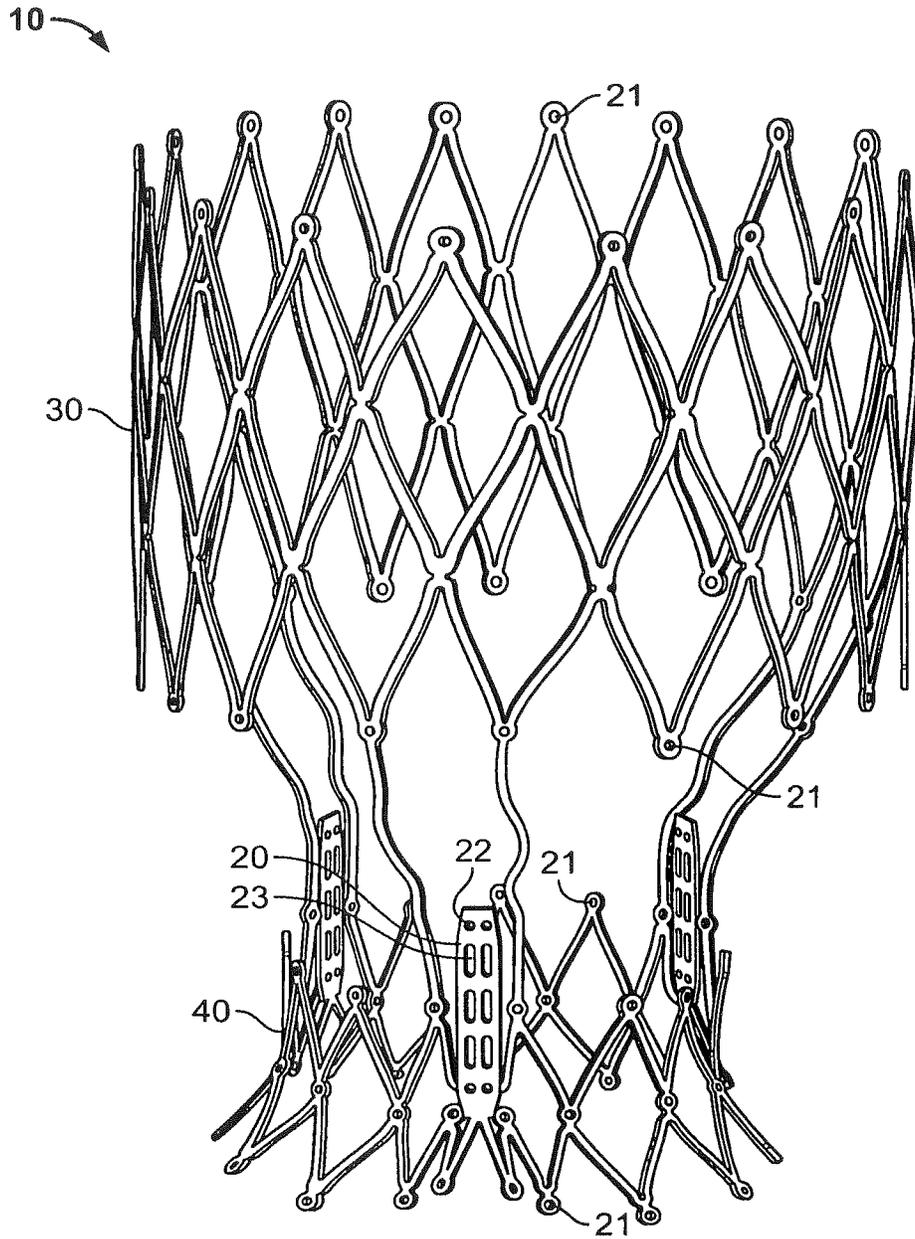


FIG. 51

60

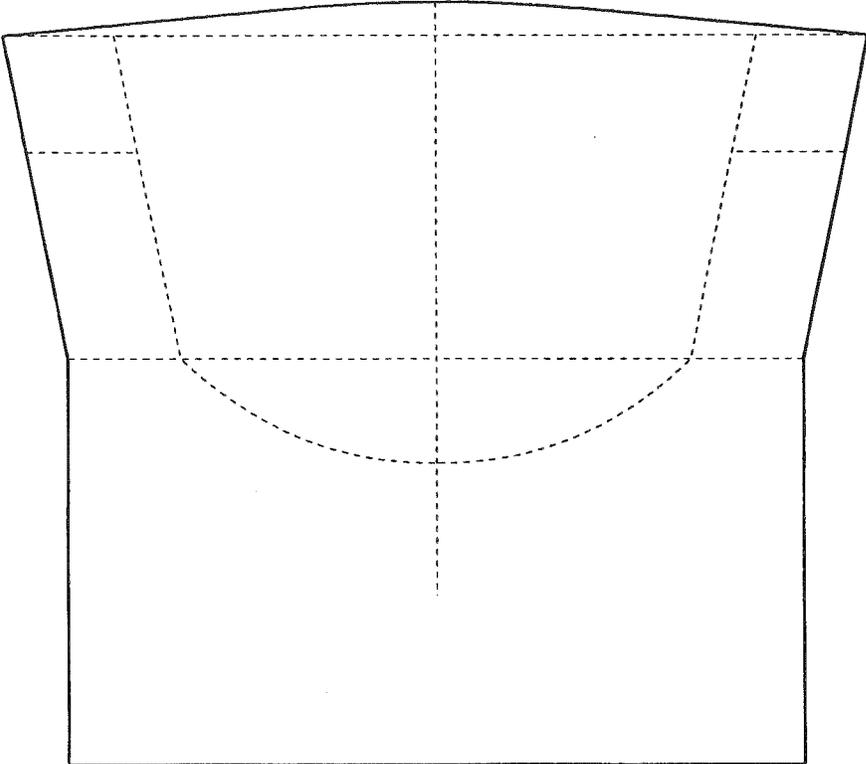


FIG. 52

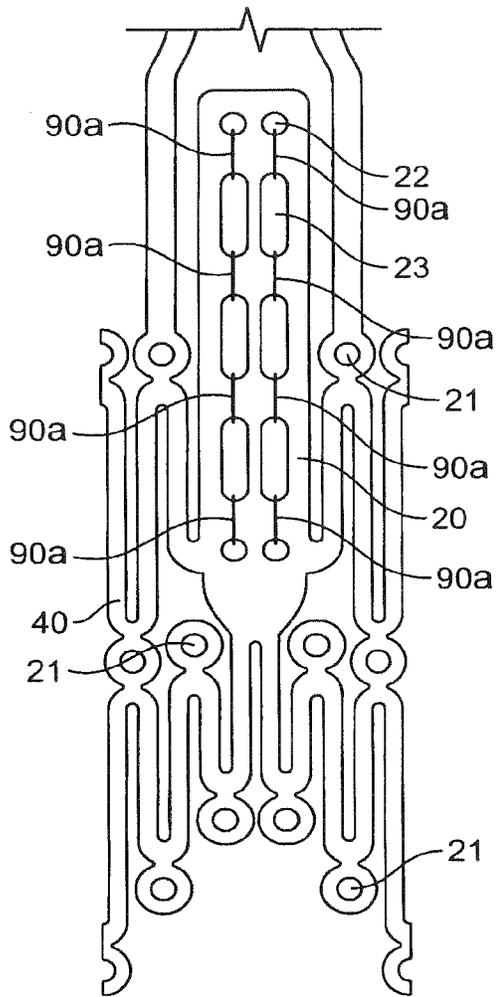


FIG. 53A

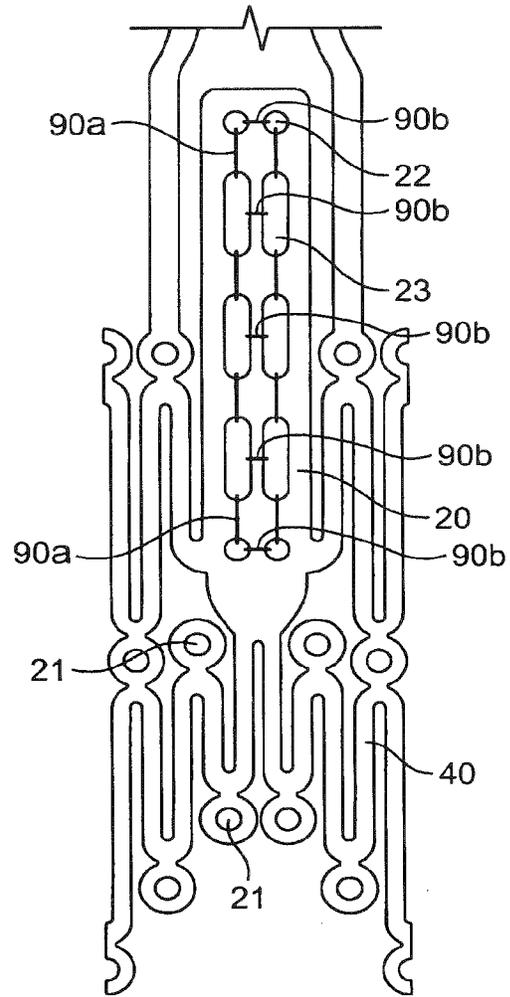


FIG. 53B

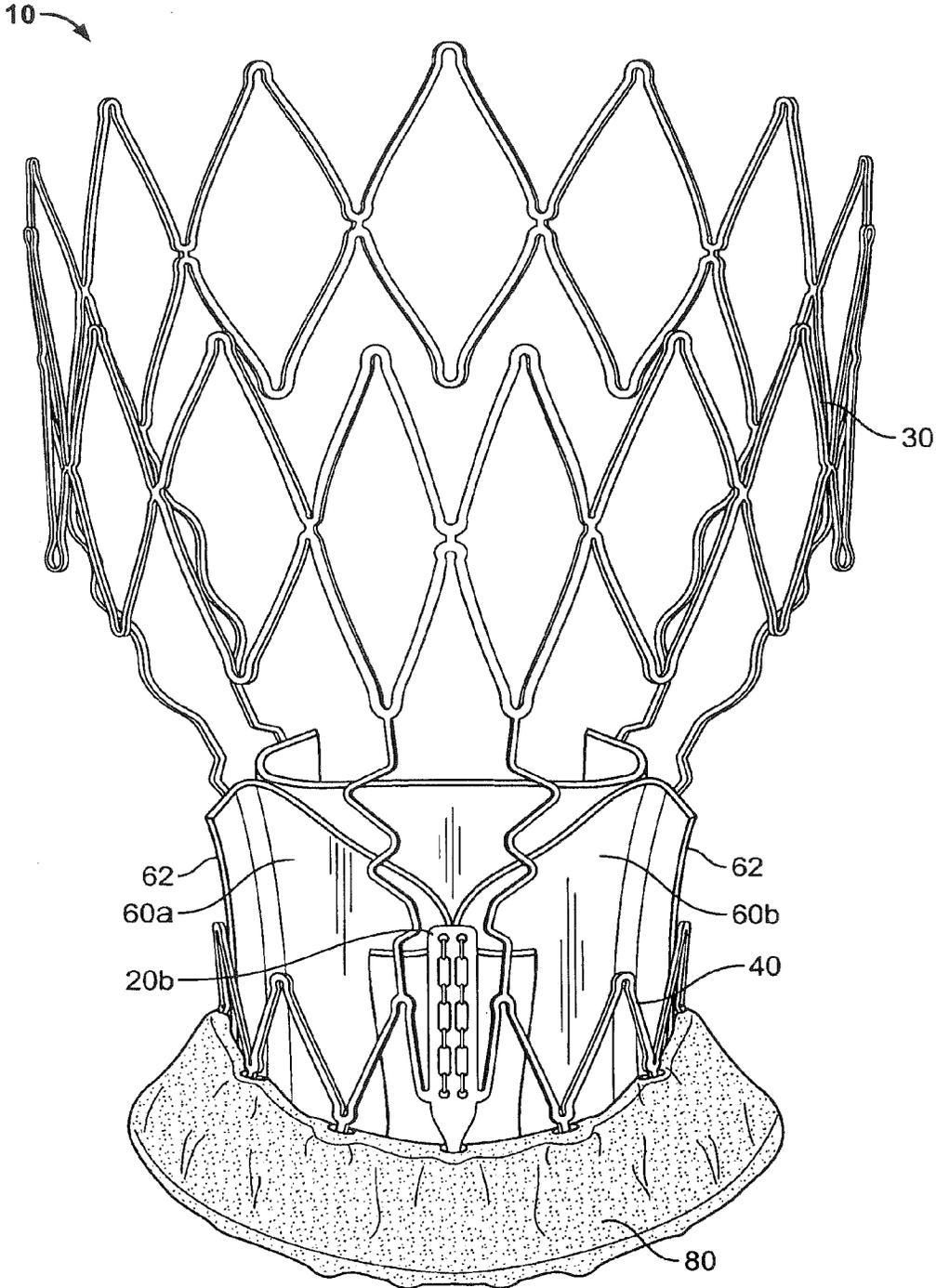


FIG. 54

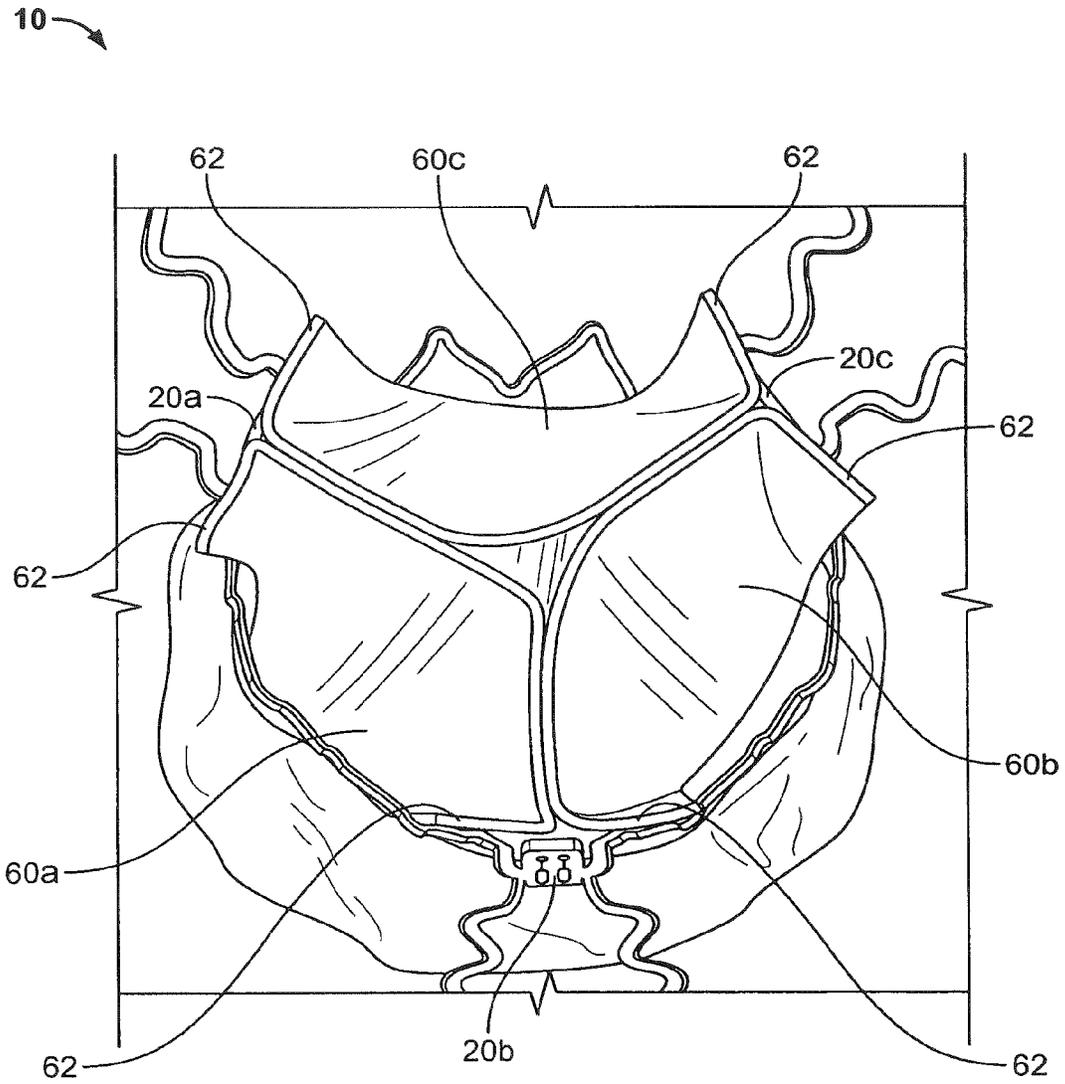


FIG. 55

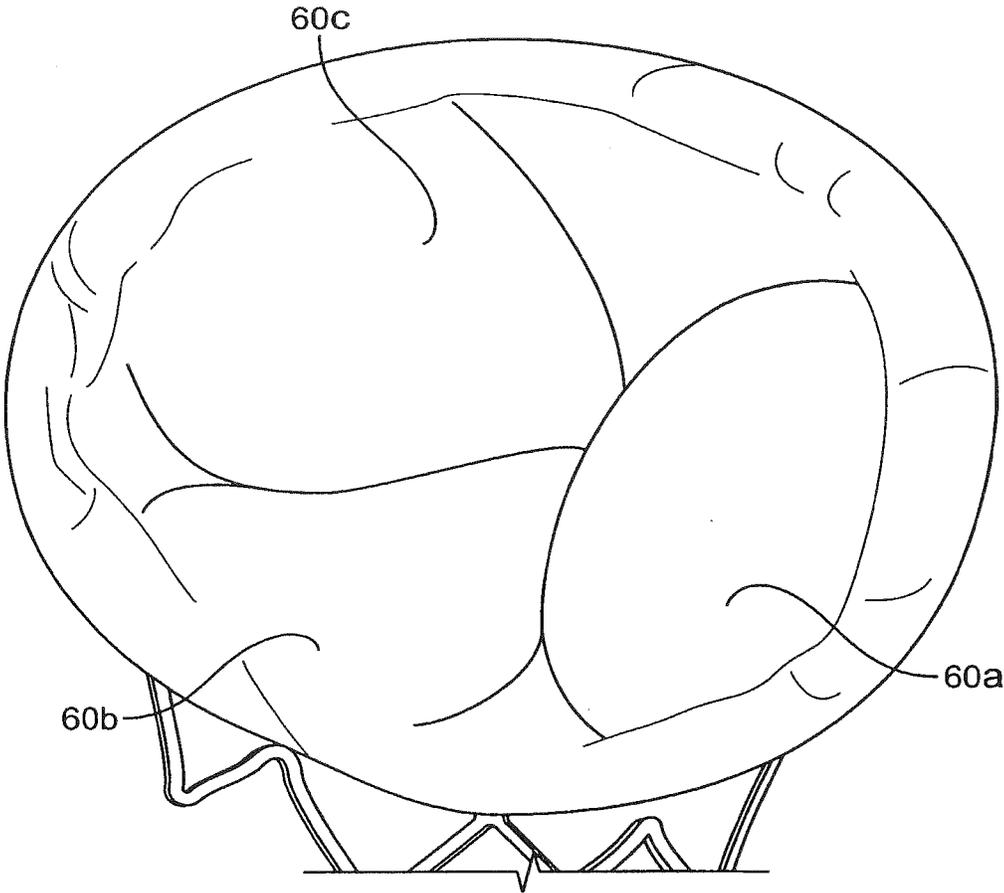


FIG. 56

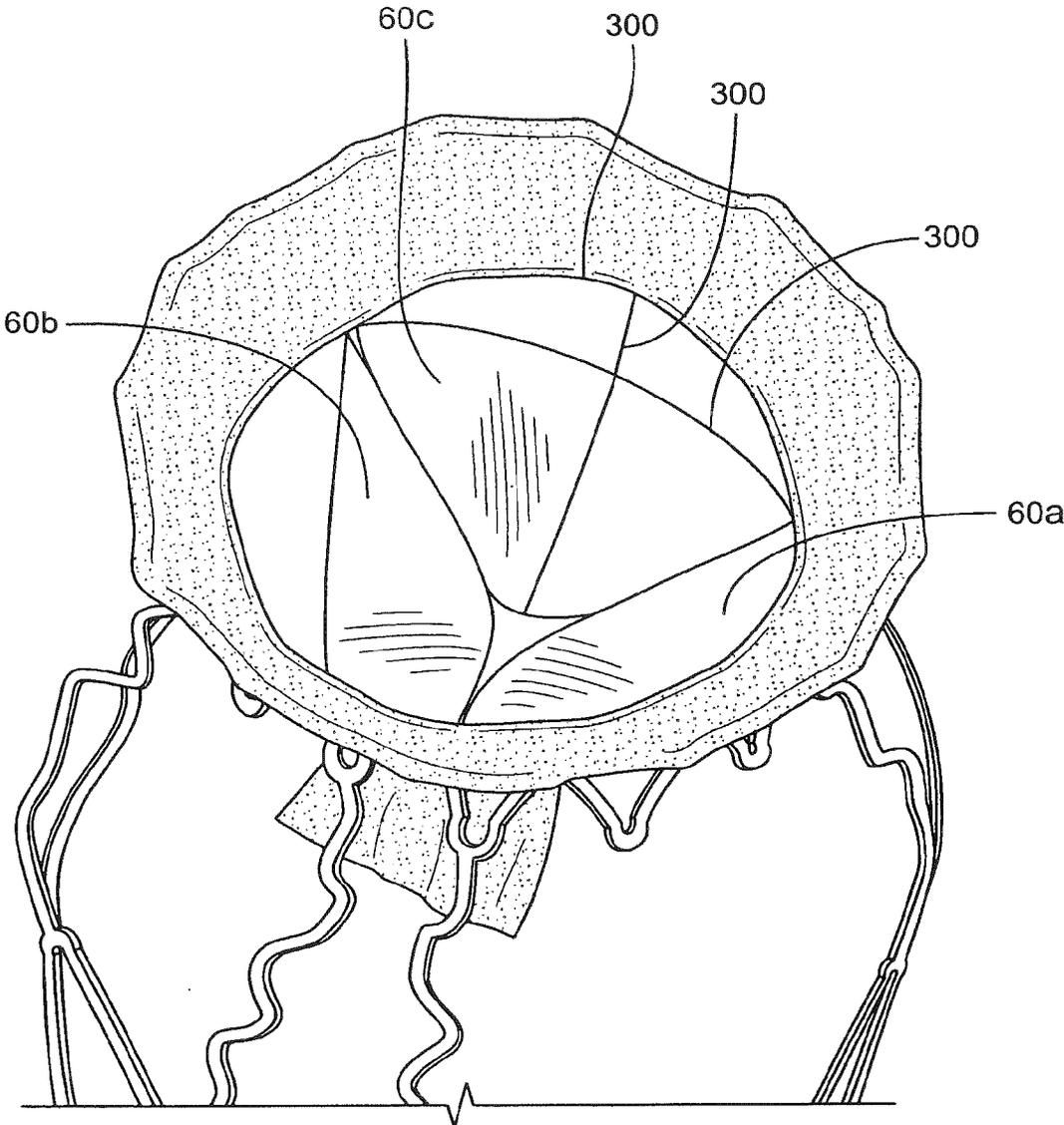


FIG. 57

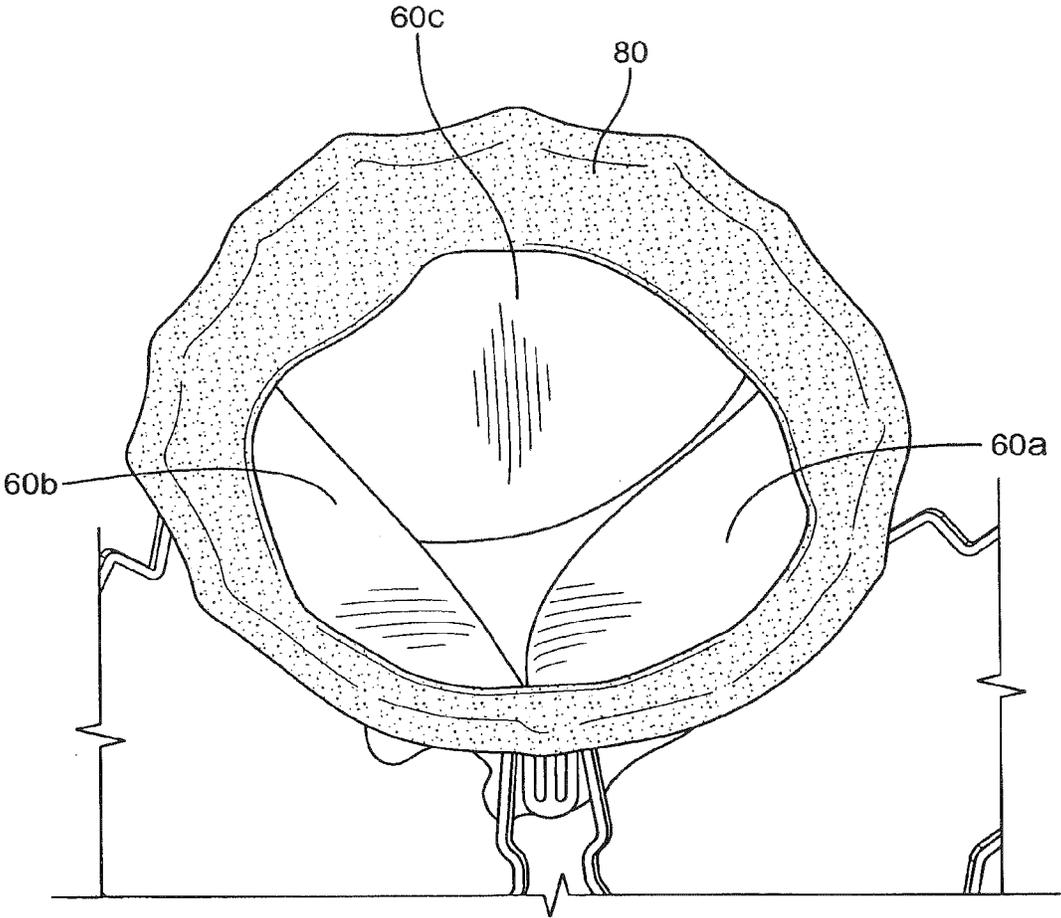


FIG. 58

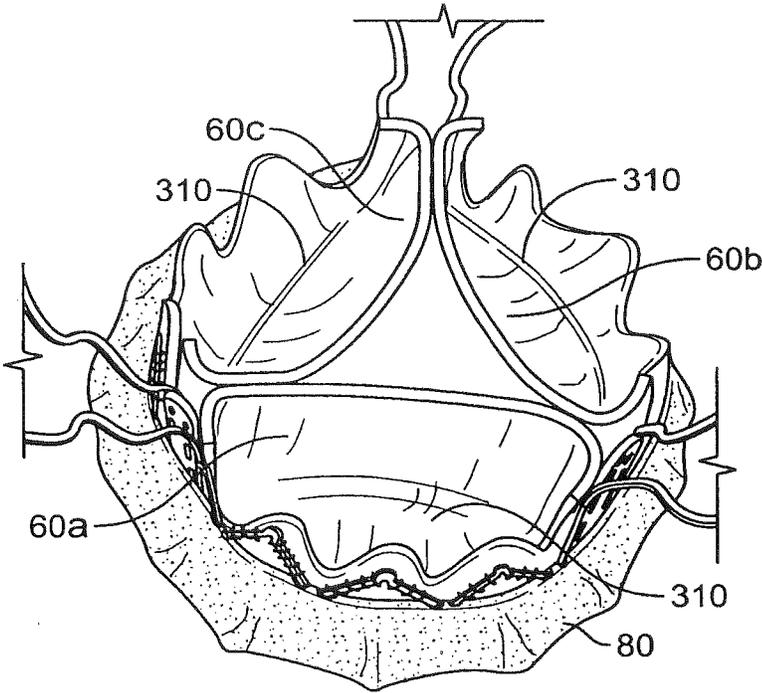


FIG. 59

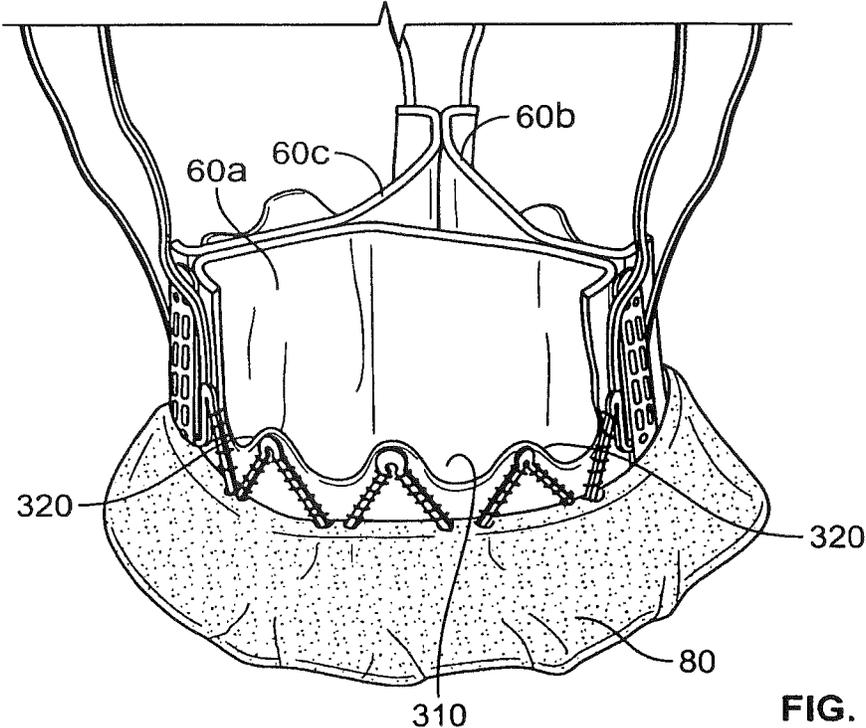


FIG. 60

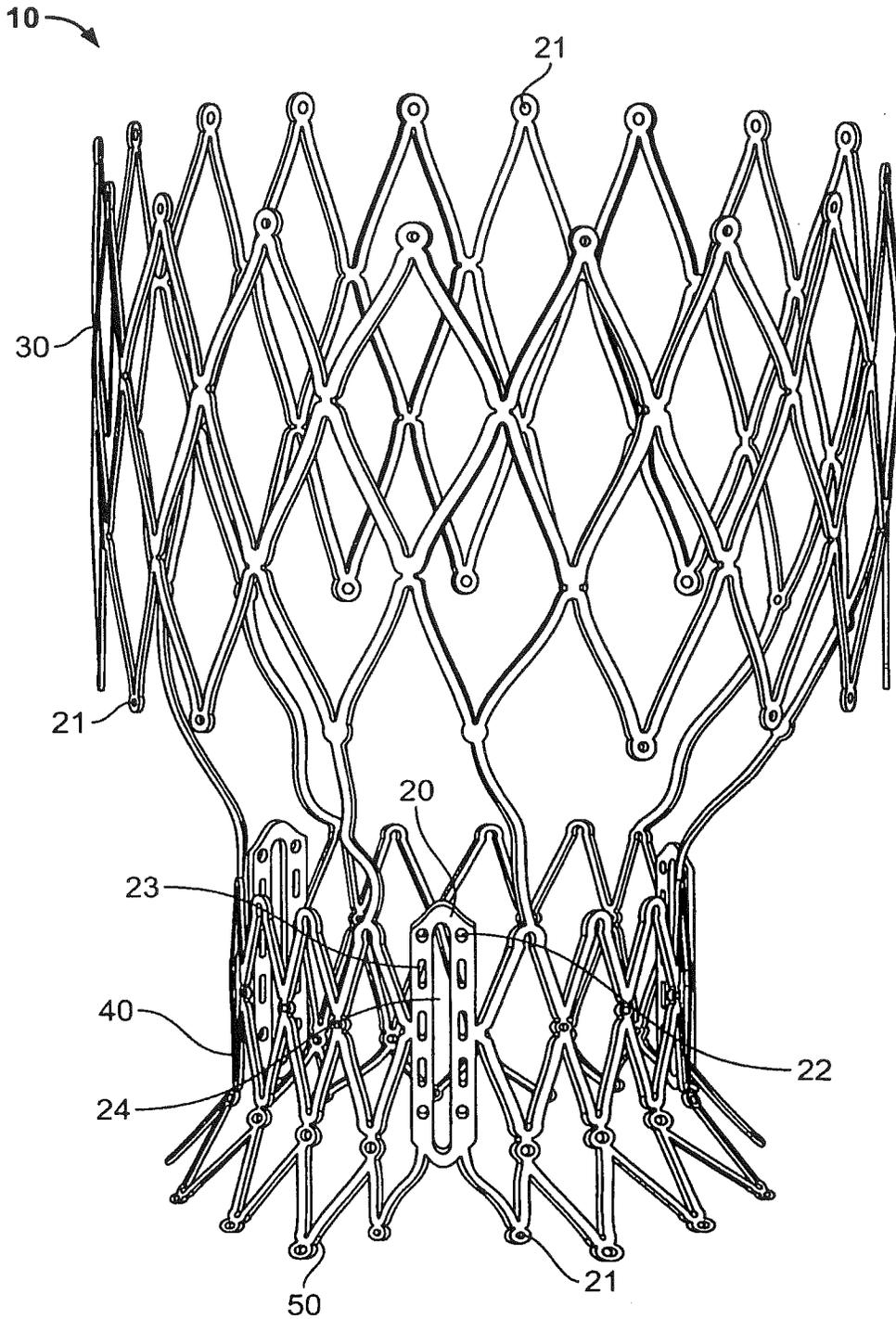


FIG. 61

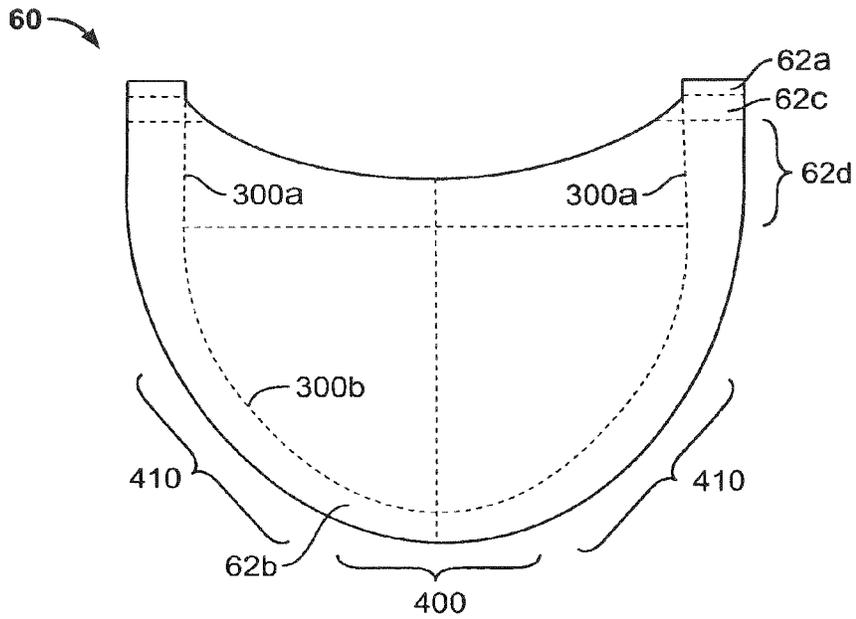


FIG. 62

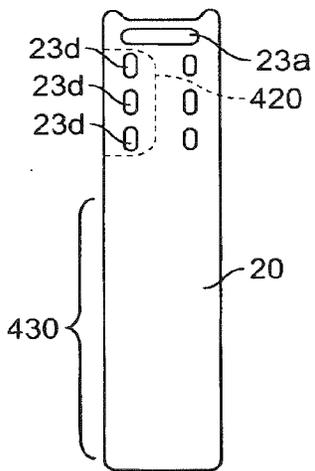


FIG. 63

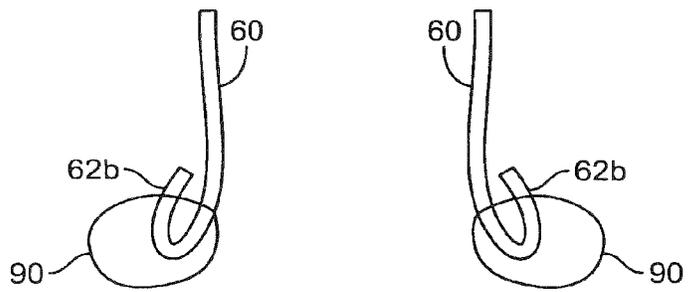


FIG. 64

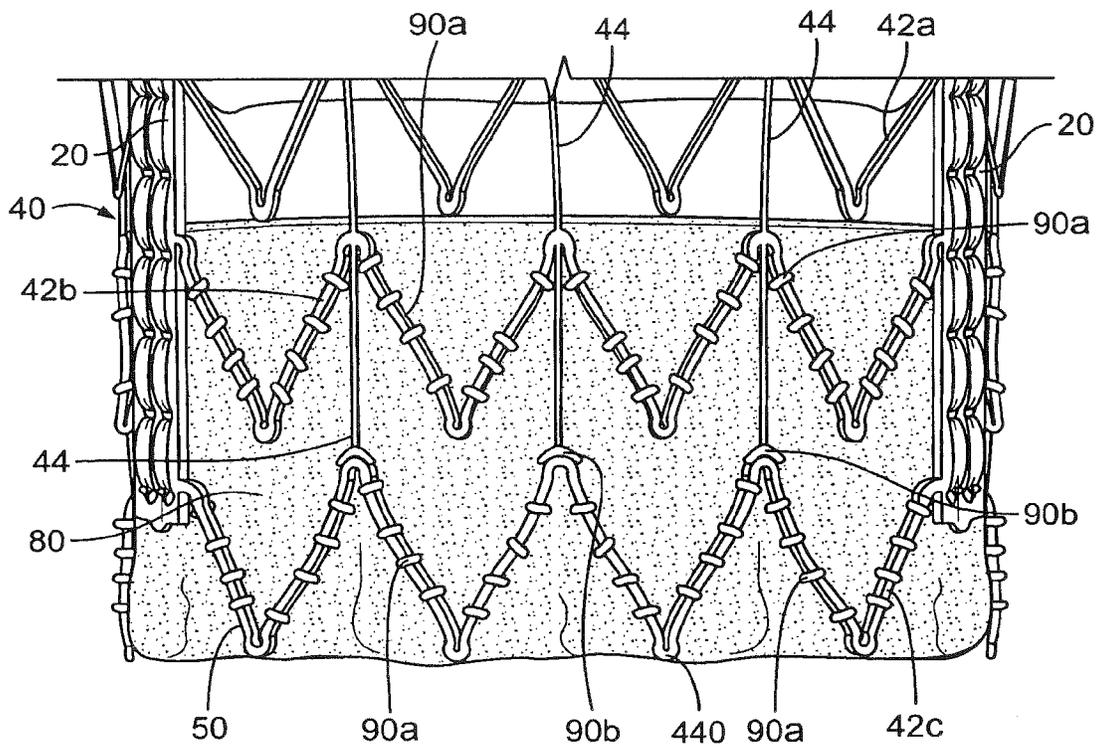


FIG. 65

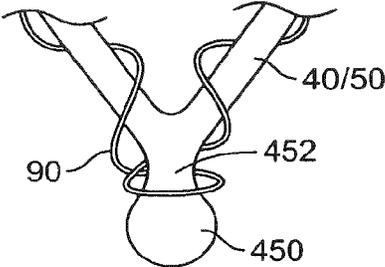


FIG. 66

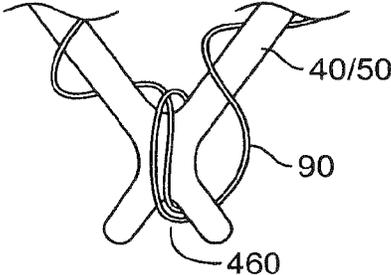


FIG. 67

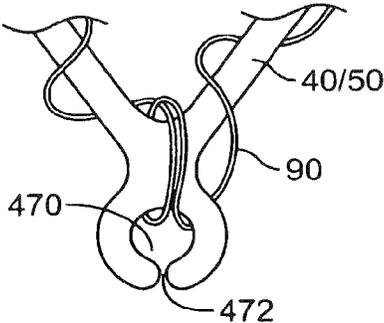


FIG. 68A

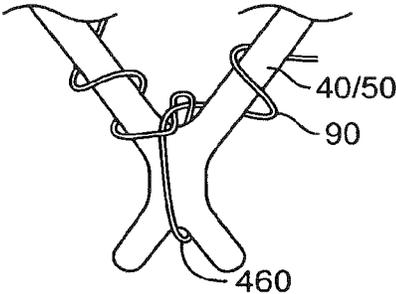


FIG. 68B

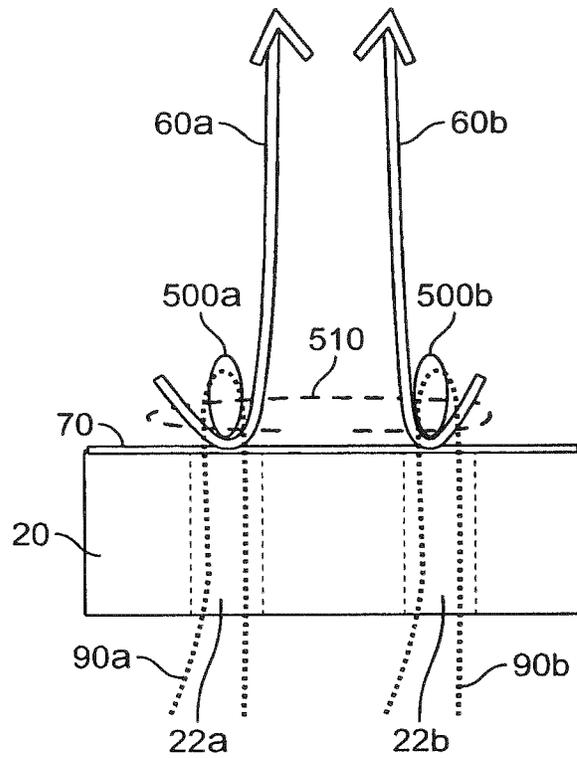


FIG. 69A

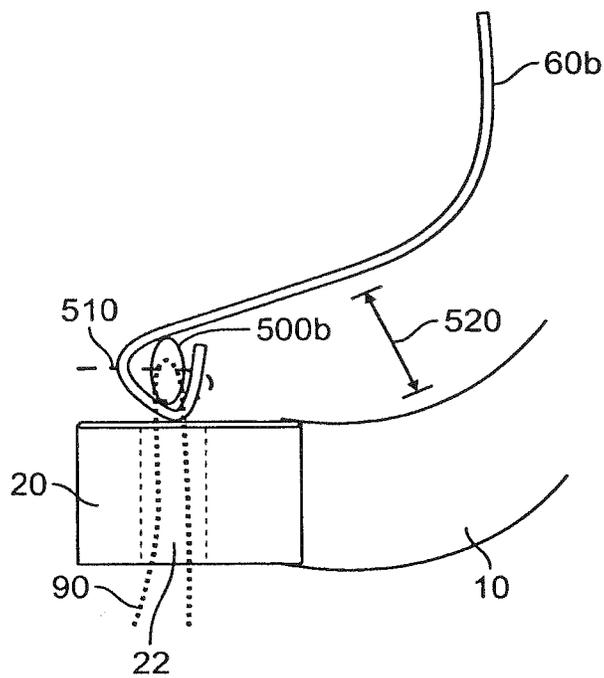


FIG. 69B

10 →

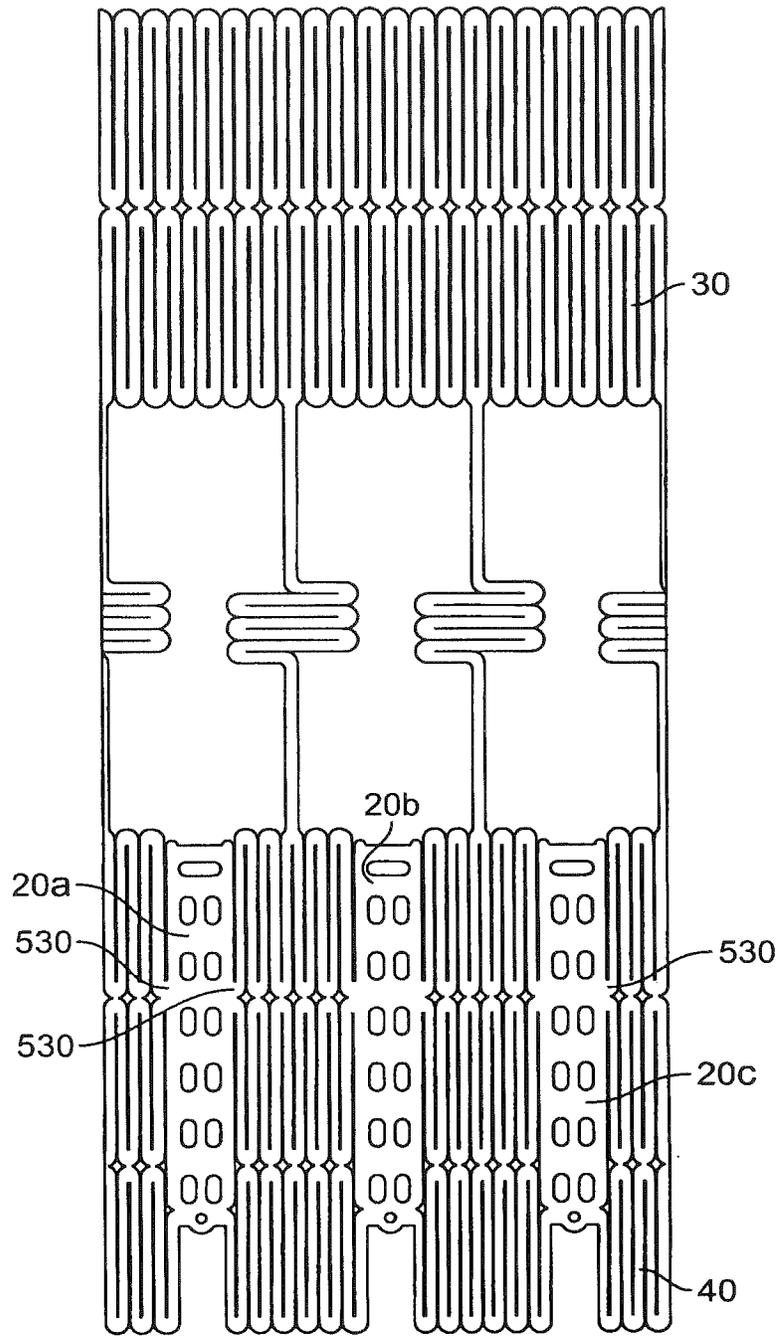


FIG. 70

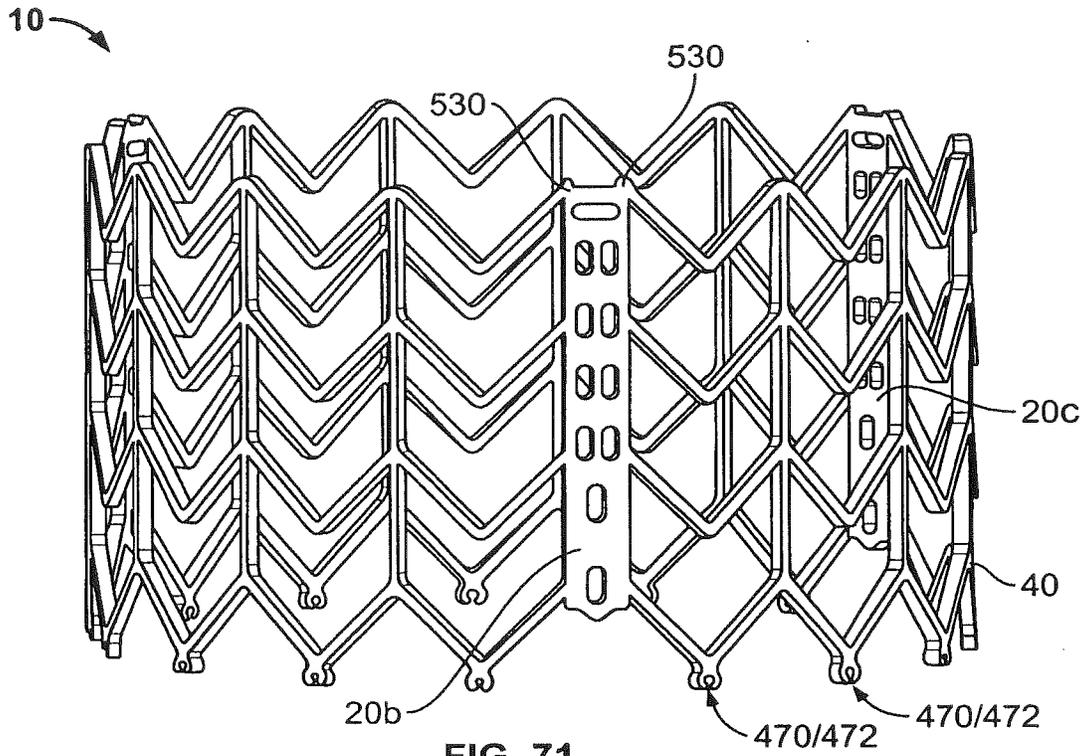


FIG. 71

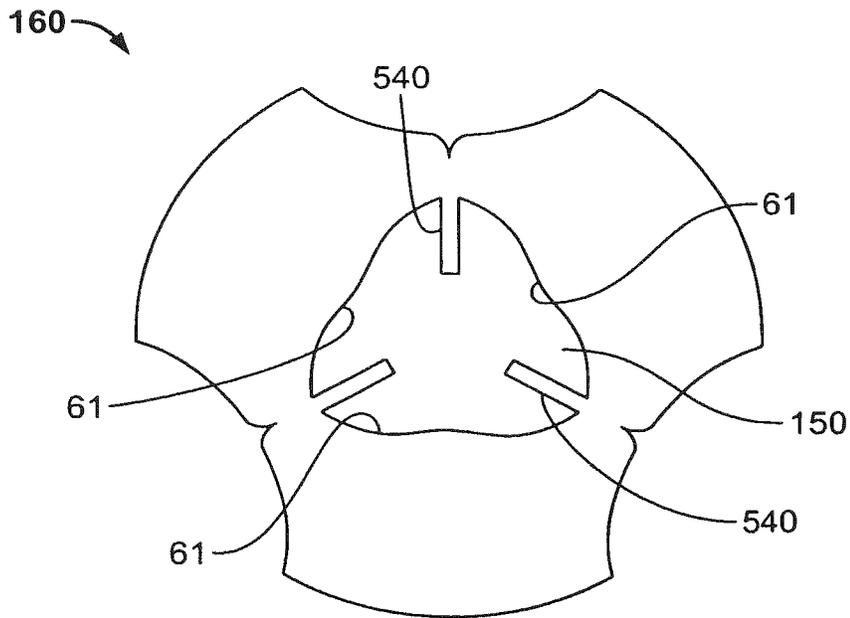


FIG. 72

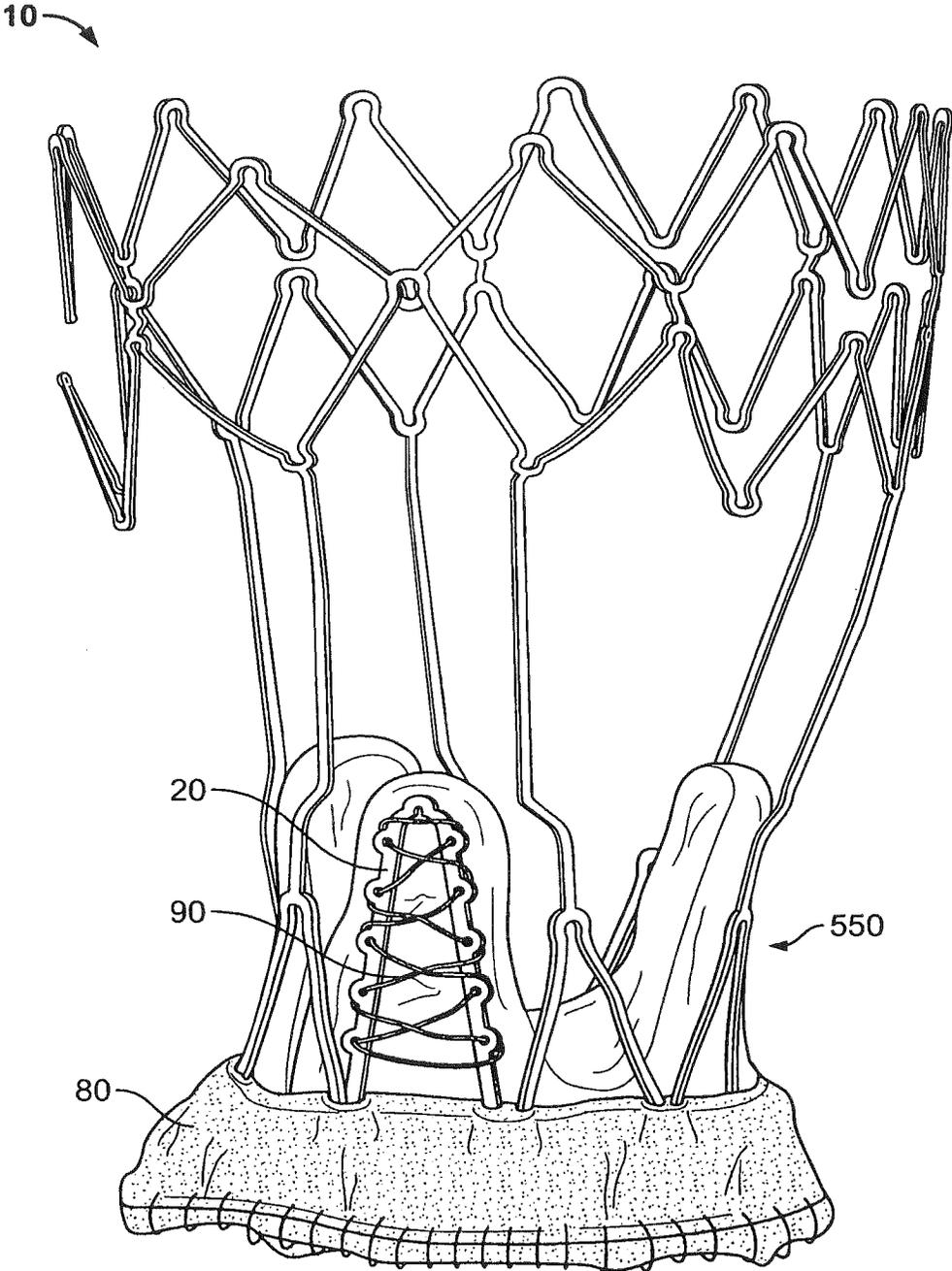


FIG. 73

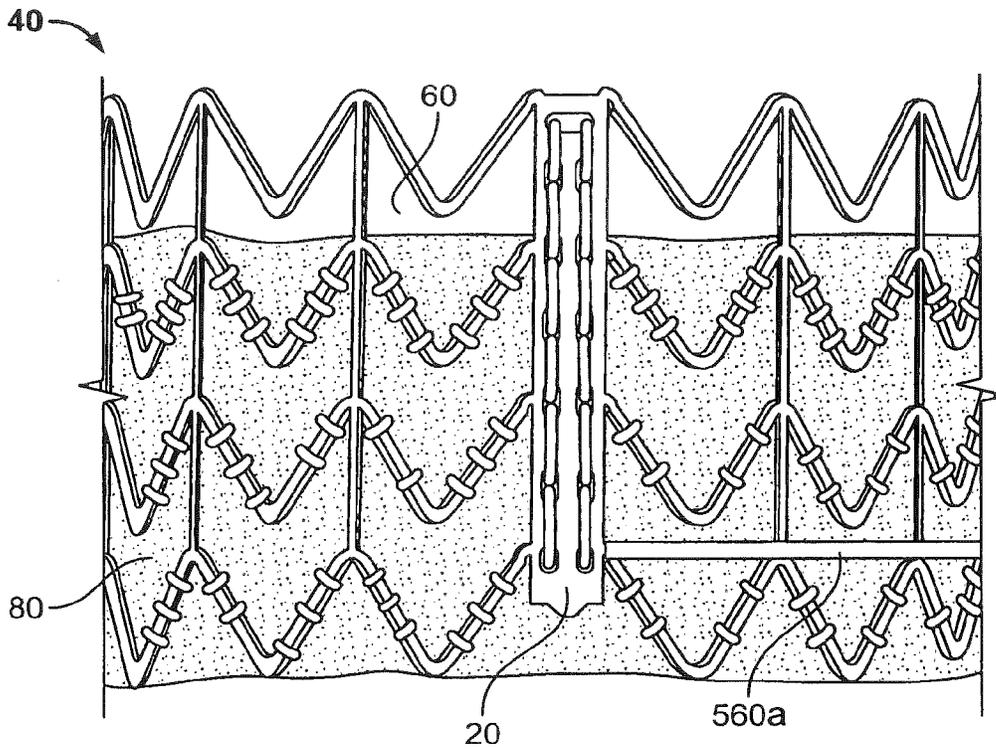


FIG. 74A

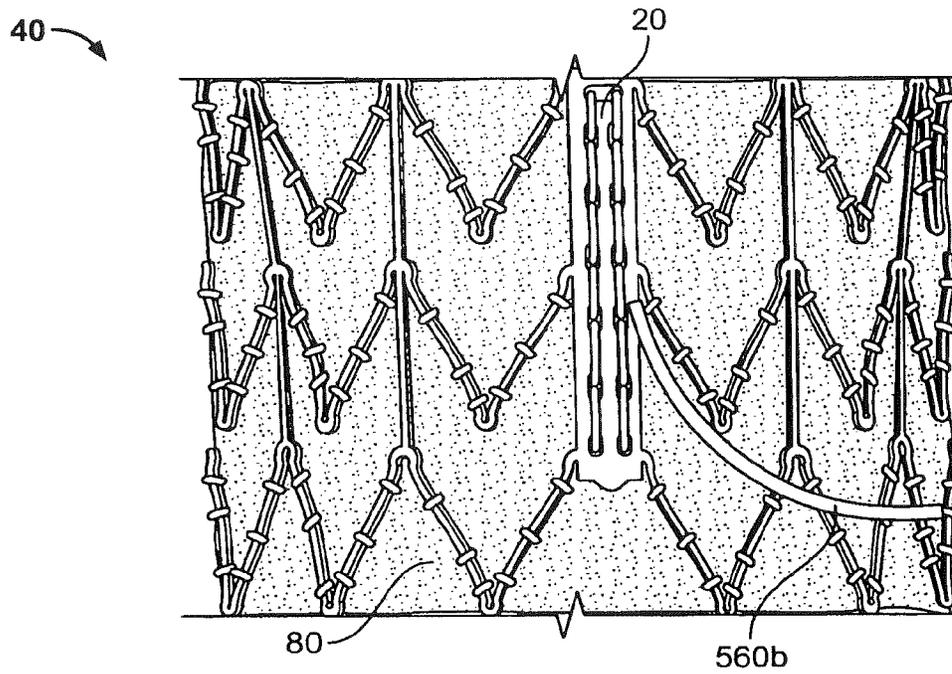


FIG. 74B

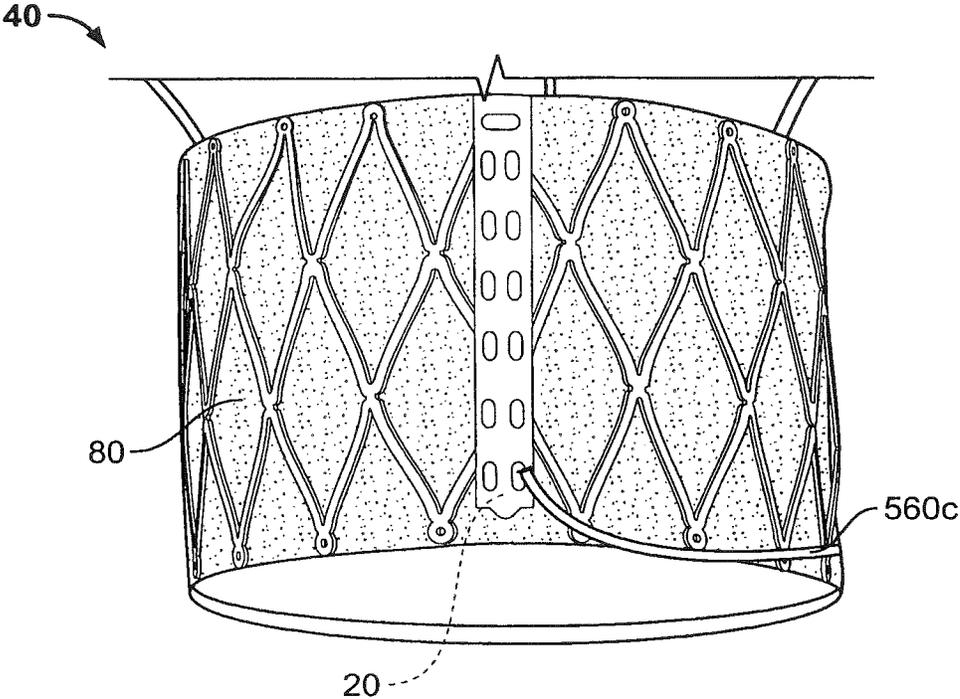
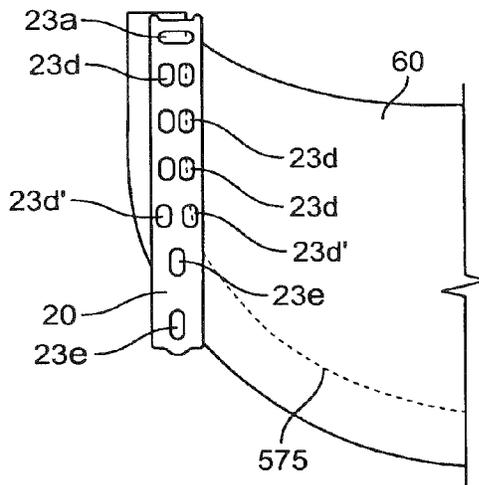
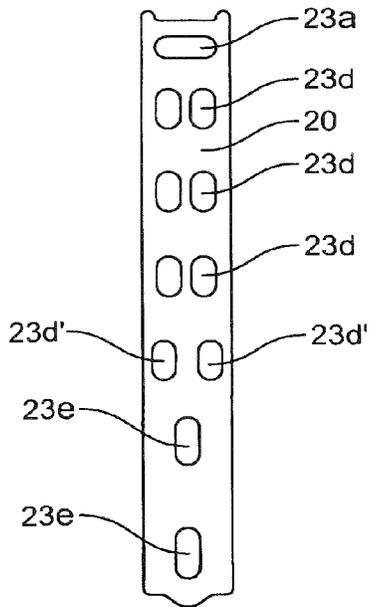
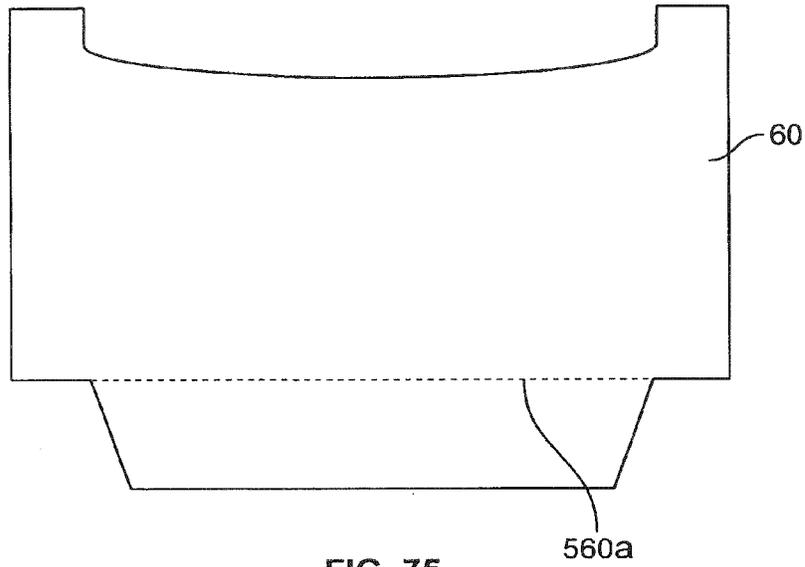


FIG. 74C



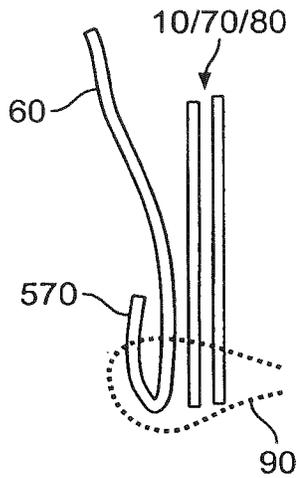


FIG. 77A

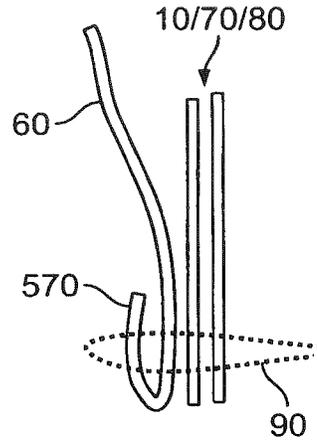


FIG. 77B

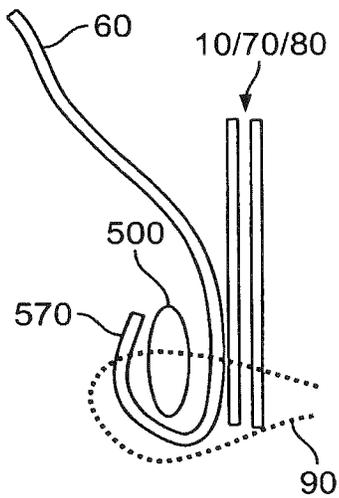


FIG. 77C

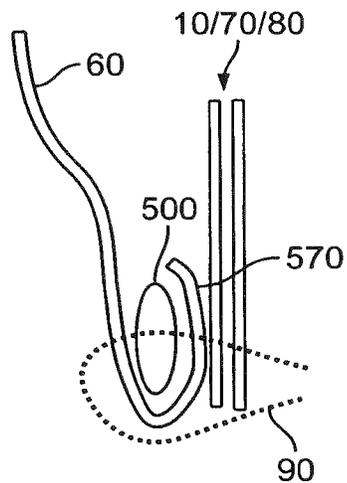


FIG. 77D

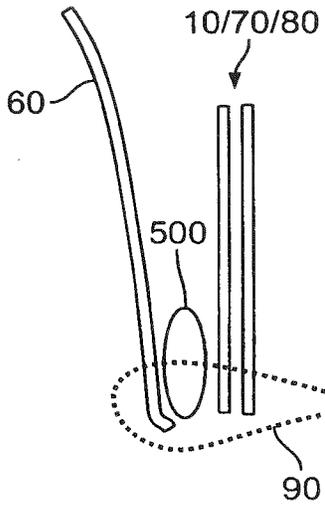


FIG. 77E

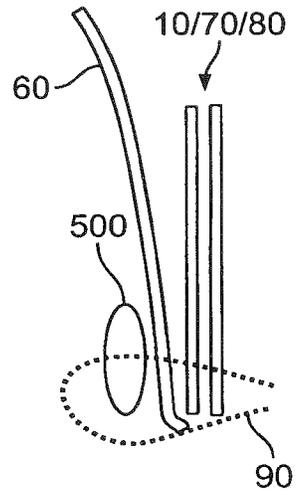


FIG. 77F

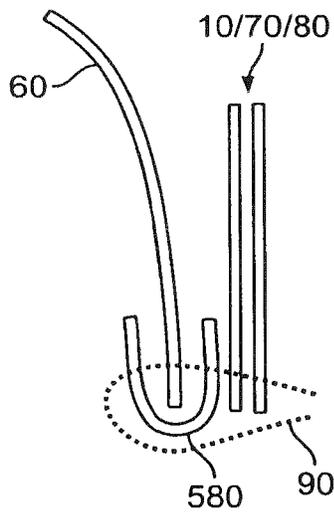


FIG. 77G

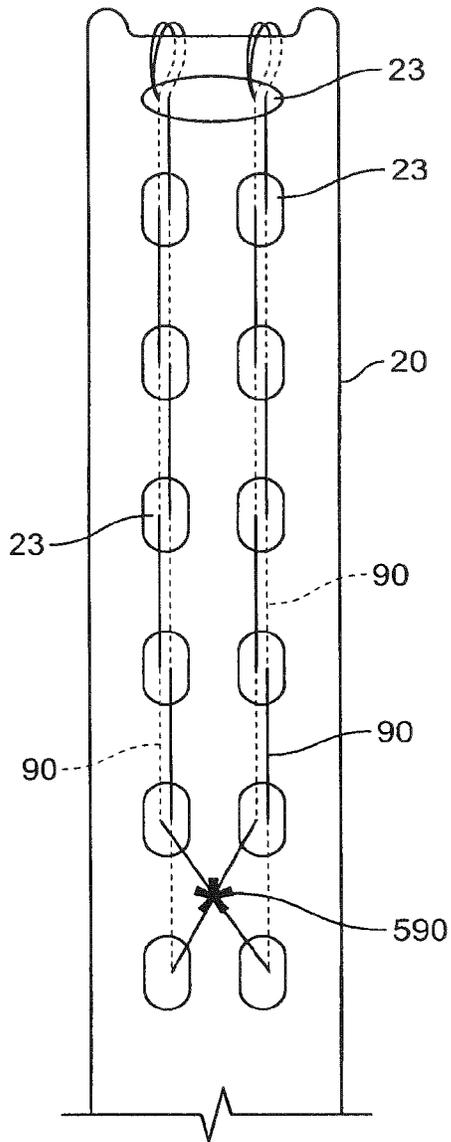


FIG. 78A

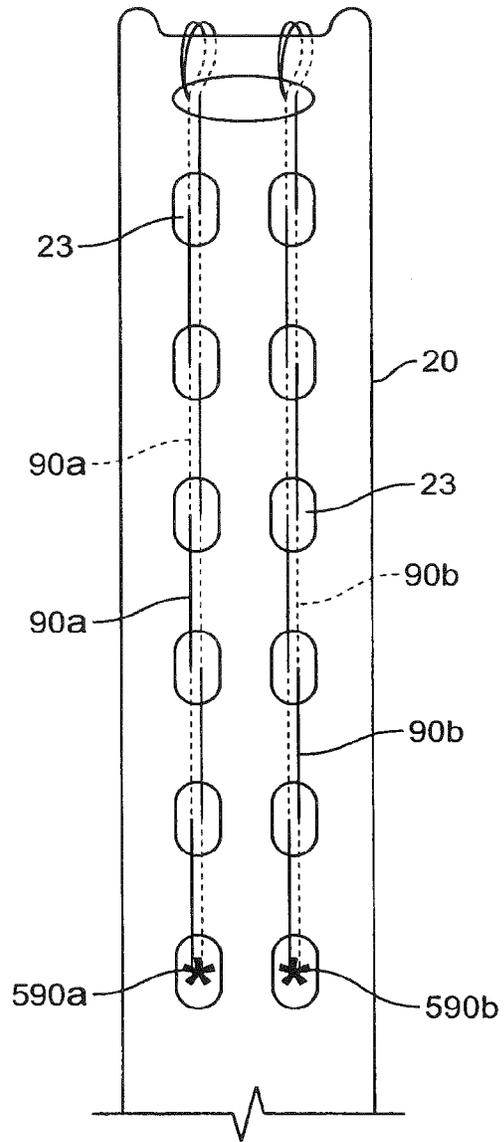


FIG. 78B

COLLAPSIBLE PROSTHETIC HEART VALVES

CROSS-REFERENCES TO RELATED APPLICATIONS

The present application is a continuation of U.S. patent application Ser. No. 13,848,466, filed Mar. 21, 2013, which is a continuation of Ser. No. 12/733,759, filed Mar. 18, 2010, now U.S. Pat. No. 8,425,593, which is a national phase entry under 35 U.S.C. §371 of International Application No. PCT/US2008/011153 filed Sep. 26, 2008, published in English, which claims the benefit of U.S. Provisional Application No. 60/995,648 filed Sep. 26, 2007, all of which are hereby incorporated herein by reference.

BACKGROUND OF THE INVENTION

Current collapsible prosthetic heart valve designs are for use within patients who may need a valve replacement (e.g., an aortic valve replacement), but who are not treated adequately by other means. A collapsible prosthetic heart valve is designed to be delivered into the patient in a collapsed condition via tube-like delivery apparatus. In the collapsed condition the valve has a reduced annular, radial, or circumferential size. Delivery of the valve into the patient can be less invasive than traditional open-chest/open-heart surgery. When the valve reaches the intended implant site in the patient, the valve re-expands or is expanded (e.g., balloon expanded) to operating size. The collapsing and re-expansion of the valve are preferably elastic, but may alternatively be plastic, the result of shape-memory properties of certain components of the valve, or various combinations of elastic, plastic, and/or shape-memory. Again, plastic expansion may be as a result of inflation of a balloon that is temporarily disposed inside the valve. Known designs of this general kind can be implanted percutaneously, trans-apically, or surgically, with or without resected and/or debrided native heart valve leaflets.

SUMMARY OF THE INVENTION

The prosthetic heart valves disclosed herein incorporate a collapsible valve (which may or may not include independently flexing commissure posts) and unique ways in which to assemble the leaflets and ancillary components.

In accordance with certain possible aspects of the invention, a prosthetic heart valve may include an annular, annularly collapsible and re-expandable supporting structure, and a sheet-like, flexible, leaflet member mounted inside the supporting structure so that a free edge portion of the leaflet forms a flexible chord across an interior of the supporting structure. Material of the leaflet may extend beyond an end of the chord and form a flap that is folded to lie, at least in part, in a cylindrical surface defined by one of the inner and outer surfaces of the supporting structure.

The above-mentioned flap may be secured to the supporting structure. For example, the flap may be sutured to the supporting structure to secure the flap to the supporting structure. As a more particular example, the flap may lie, at least in part, in the cylindrical surface defined by the inner surface of the supporting structure. Alternatively, the flap may pass through the supporting structure to lie, at least in part, in the cylindrical surface defined by the outer surface of the supporting structure.

The leaflet may have a secured line portion which is spaced from the free edge portion across an intervening belly portion

of the leaflet. The secured line portion may be secured to the supporting structure, and additional material of the leaflet beyond the secured line portion away from the belly portion may form a second flap that is folded to lie, at least in part, in a cylindrical surface defined by one of the inner and outer surfaces of the supporting structure.

The above-mentioned second flap may be folded toward the free edge portion of the leaflet and secured to the supporting structure inside the supporting structure. Alternatively, the second flap may be folded away the free edge portion and secured to the supporting structure inside the supporting structure. Especially in the latter case, the second flap may continue beyond an axial end of the supporting structure and may be additionally folded over that axial end and back outside of the supporting structure for additional securement to the outside of the supporting structure.

A prosthetic heart valve in accordance with the invention may additionally include sheet-like, flexible, buffer material between the supporting structure and the leaflet. Buffer material can alternatively be provided so that it only outlines (covers) certain members of the supporting structure, instead of forming a more extensive continuous sheet that covers not only members of the supporting structure but also otherwise open cells of that structure. For example, such outlining or less extensive buffer material can be a dip-coated or sprayed-on polymer.

The supporting structure of a prosthetic heart valve in accordance with the invention may include a plurality of annularly spaced commissure posts, each of which may be cantilevered from other structure of the supporting structure. The above-mentioned flap that extends beyond an end of the above-mentioned free edge chord of the leaflet may be secured to an associated one of the commissure posts. For example, this securement may be by suture material that passes through the flap and apertures through the associated commissure post. The flap may be folded around the associated commissure post. The associated commissure post may be bifurcated into two spaced apart members. The flap may pass through the commissure post between those two members.

In accordance with another possible aspect of the invention, the supporting structure may include a plurality of annular, annularly collapsible and re-expandable substructures that are spaced from one another along an axis about which the supporting structure is annular. The supporting structure may further include a plurality of linking members that are substantially parallel to the above-mentioned axis and that interconnect the substructures without the linking members deforming when the substructures annularly collapse and re-expand.

In accordance with yet another possible aspect of the invention, a leaflet structure for a prosthetic heart valve may include a sheet of flexible leaflet material having a central opening with three sides, each of the sides being shaped to form the free edge of a respective one of three operating leaflet portions of the leaflet structure. The sheet may additionally have three secured line portions, each of which is radially outward from a respective, associated one of the free edges, and each of which is arcuate so that it is radially farther from a midpoint of the associated free edge than from endpoints of the associated free edge.

The above-mentioned sheet may define three leaflet-linking areas, each of which extends from a junction of a respective pair of the free edges to a junction of the secured line portions that are radially outward from the free edges in that pair.

For use of the above-mentioned sheet, a prosthetic heart valve in accordance with the invention may include an annular, annularly collapsible and re-expandable supporting structure. The above-mentioned sheet may then be disposed in the supporting structure with the secured line portions and the leaflet-linking areas secured to the supporting structure so that the free edges can come together in the interior of the supporting structure. The supporting structure may include three annularly spaced commissure posts, each of which may or may not be cantilevered from other structure of the supporting structure. Each of the leaflet-linking areas may be secured to a respective one of the commissure posts. At least one of the leaflet-linking areas may pass outside the supporting structure at the commissure post to which that leaflet-linking area is secured. At least one of the commissure posts may be bifurcated into two spaced apart members, and the leaflet-linking area that is secured to that commissure post may pass between the two members of that commissure post.

The above-mentioned sheet may continue radially outwardly beyond at least a portion of at least one of the secured line portions to form a flap. In use of the sheet in a prosthetic heart valve that includes a supporting structure as mentioned above, such a flap may be secured to the supporting structure. For example, the flap may be secured inside the supporting structure. Alternatively, the flap may be secured outside the supporting structure.

As another possibility, in use of the above-mentioned sheet in a prosthetic heart valve that includes a supporting structure (as also mentioned above), the valve may also include sheet-like, flexible, buffer material between the supporting structure and the leaflet material.

In accordance with other possible aspects of the invention, a prosthetic heart valve may include an annular, annularly collapsible and re-expandable supporting structure, which in turn includes a plurality of members disposed in a zig-zag pattern that extends in a direction that is annular of the supporting structure. At least two of the members forming such a zig-zag pattern meet at an apex that points away from the supporting structure parallel to an axis about which the supporting structure is annular. The valve may further include a sheet of flexible material secured to the supporting structure, and a plurality of flexible leaflets disposed inside the supporting structure and at least partly secured to the sheet. The sheet may be at least partly secured to the supporting structure via a suture attachment at the apex. The apex may be shaped to prevent the suture attachment from moving away from the apex in a direction opposite to a direction in which the apex points.

As a specific example, the above-mentioned apex may include an eyelet through which the suture attachment passes. As another example, the apex may include an enlarged head on the end of a reduced neck that extends in the direction that the apex points, and a suture attachment for the above-mentioned sheet may be wound around the neck. As still another example, the apex may comprise a notch that opens in the direction that the apex points, and the above-mentioned suture attachment may be wound around the inside of the apex and the inside of the notch. The above-mentioned notch may be narrowed near its entrance to form an open eyelet. Such an open eyelet may be too small for passage of a suture needle, but the entrance may be large enough for suture material to slip through.

Further features of the invention, its nature and various advantages, will be more apparent from the accompanying drawings and the following detailed description.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1A is a simplified elevational view of an illustrative embodiment of a component that can be used in prosthetic heart valves in accordance with the invention.

FIG. 1B is an isometric or perspective view of what is shown in FIG. 1A.

FIG. 2A is a simplified elevational view of an alternative embodiment of what is shown in FIG. 1A. FIG. 2A shows only the foreground portion of the depicted component.

FIG. 2B is similar to FIG. 2A, but from a different angle and with parts of the background structure shown in addition to the foreground structure.

FIG. 3A is similar to FIG. 2A, but with illustrative additional components added.

FIG. 3B is similar to FIG. 3A, but with illustrative, still further components added.

FIG. 4A is a flat development of an illustrative embodiment of what is actually a cylindrical component, which can be used in prosthetic heart valves in accordance with the invention.

FIG. 4B is an elevational view of the cylindrical component that is shown in flat-development form in FIG. 4A.

FIG. 5A is similar to FIG. 4A for another illustrative embodiment.

FIG. 5B is an enlargement of a portion of FIG. 5A.

FIG. 6 is an elevational view of an illustrative embodiment of another component that can be used in prosthetic heart valves in accordance with the invention.

FIG. 7 is similar to FIG. 6 for another illustrative embodiment.

FIG. 8 is similar to FIG. 7 for still another illustrative embodiment.

FIG. 9 is similar to FIG. 8 for yet another illustrative embodiment.

FIG. 10 is an elevational view of an illustrative embodiment of still another component that can be used in prosthetic heart valves in accordance with the invention.

FIG. 11 is a simplified perspective view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 12A is a simplified, partial, top view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 12B is similar to FIG. 12A for another illustrative embodiment.

FIG. 12C is similar to FIG. 12B for still another illustrative embodiment.

FIGS. 13 and 14 are each generally similar to FIG. 11.

FIG. 15A is a simplified, partial, elevational view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 15B is another view of the same general kind as FIG. 15A.

FIG. 16 is a bottom view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 17 is similar to FIG. 5B for another illustrative embodiment.

FIG. 18A is a simplified isometric or perspective view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 18B is a simplified, partial, elevational view of an illustrative embodiment of several components in accordance with the invention.

FIG. 19 is similar to FIG. 10 for another illustrative embodiment.

5

FIG. 20A is a simplified, partial, top view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 20B is a simplified sectional view of part of what is shown in FIG. 20A.

FIG. 21 is similar to FIG. 19 for another illustrative embodiment.

FIG. 22 is similar to FIG. 18A for another illustrative embodiment.

FIG. 23A is similar to FIG. 12C for another illustrative embodiment.

FIG. 23B is similar to FIG. 23A for another illustrative embodiment.

FIG. 24A is similar to FIG. 5A for another illustrative embodiment.

FIG. 24B is similar to FIG. 5B for another illustrative embodiment.

FIGS. 25A and 25B are each similar to FIG. 21 for other illustrative embodiments.

FIGS. 26A and 26B are each similar to FIG. 23B for other illustrative embodiments.

FIG. 27 is similar to FIG. 22 for another illustrative embodiment.

FIG. 28 is similar to FIG. 24B for another illustrative embodiment.

FIGS. 29A and 29B are respectively similar to FIGS. 24A and 24B for another illustrative embodiment.

FIG. 30 is similar to FIG. 1A for another illustrative embodiment.

FIG. 31 is similar to FIG. 29B for another illustrative embodiment.

FIG. 32 is similar to FIG. 8 for another illustrative embodiment.

FIGS. 33A and 33B are each similar to FIG. 25B for other illustrative embodiments.

FIG. 34 is similar to FIG. 26B for another illustrative embodiment.

FIGS. 35A and 35B are each similar to FIG. 15B for another illustrative embodiment.

FIG. 36 is similar to FIG. 21 for another illustrative embodiment.

FIG. 37 is similar to FIG. 34 for another illustrative embodiment.

FIGS. 38A and 38B are respectively similar to FIGS. 29A and 29B for another illustrative embodiment.

FIG. 39 is similar to FIG. 30 for another illustrative embodiment.

FIG. 40 is similar to FIG. 32 for another illustrative embodiment.

FIGS. 41A and 41B are each similar to FIG. 33B for other illustrative embodiments.

FIG. 42 is similar to FIG. 37 for another illustrative embodiment.

FIG. 43 is similar to FIG. 35B for another illustrative embodiment.

FIG. 44 is similar to FIG. 41B for another illustrative embodiment.

FIG. 45 is similar to FIG. 42 for another illustrative embodiment.

FIG. 46 is similar to FIG. 43 for another illustrative embodiment.

FIG. 47 is similar to FIG. 36 for another illustrative embodiment.

FIG. 48 is similar to FIG. 5 for another illustrative embodiment.

FIG. 49 is similar to FIG. 46 for another illustrative embodiment.

6

FIG. 50 is similar to FIG. 38A for another illustrative embodiment.

FIG. 51 is similar to FIG. 39 for another illustrative embodiment.

5 FIG. 52 is similar to FIG. 44 for another illustrative embodiment.

FIGS. 53A and 53B are each similar to FIG. 7 for other illustrative embodiments.

FIG. 54 is similar to FIG. 35A for another illustrative embodiment.

FIG. 55 is similar to FIG. 13 for another illustrative embodiment.

FIG. 56 is similar to FIG. 16 for another illustrative embodiment.

15 FIG. 57 is similar to FIG. 56 for another illustrative embodiment.

FIG. 58 is similar to FIG. 57 for another illustrative embodiment.

FIG. 59 is similar to FIG. 55 for another illustrative embodiment.

20 FIG. 60 is similar to FIG. 54 for another illustrative embodiment.

FIG. 61 is similar to FIG. 51 for another illustrative embodiment.

25 FIG. 62 is similar to FIG. 44 for another illustrative embodiment.

FIG. 63 is similar to a portion of FIG. 53B for another illustrative embodiment.

FIG. 64 is a simplified, partial, sectional view of an illustrative embodiment of an assembly of several components in accordance with the invention.

FIG. 65 is a simplified, partial, elevational view of an illustrative embodiment of an assembly of several components in accordance with the invention.

35 FIG. 66 is a simplified elevational view of an illustrative embodiment of a portion of a structure like that shown in FIG. 65 in accordance with the invention.

FIGS. 67, 68A, and 68B are each similar to FIG. 66 for other illustrative embodiments.

FIGS. 69A and 69B are each similar to FIG. 48 for another illustrative embodiment.

FIG. 70 is similar to FIG. 50 for another illustrative embodiment.

45 FIG. 71 is similar to FIG. 61 for another illustrative embodiment.

FIG. 72 is similar to FIG. 47 for another illustrative embodiment.

FIG. 73 is similar to FIG. 65 for another illustrative embodiment.

50 FIGS. 74A-C are each similar to FIG. 65 for other illustrative embodiments.

FIG. 75 is similar to FIG. 62 for another illustrative embodiment.

55 FIG. 76A is similar to FIG. 63 for another illustrative embodiment.

FIG. 76B is similar to FIG. 76A with another illustrative component shown.

FIGS. 77A-G are simplified sectional views showing various illustrative embodiments of leaflet attachment to other components of valves in accordance with the invention.

FIGS. 78A and 78B are each similar to FIGS. like FIGS. 53A-B for other illustrative embodiments.

DETAILED DESCRIPTION

65 As just one example of a context in which the present invention may be employed, thousands of high-risk patients

with severe aortic stenosis go untreated each year because they are deemed inoperable for a heart valve replacement. In an attempt to treat these patients, collapsible prosthetic heart valves have been developed to be inserted within the stenotic leaflets of these patients via percutaneous and/or trans-apical means. However, known designs may not sufficiently address several aspects of an optimal valve design, such as: (1) long-term durability, (2) mitral valve impingement, (3) perivalvular leakage, etc. Leaflet attachment can be a key element when considering some of these issues. The designs disclosed herein provide these high-risk patients with superior valves by better addressing these and other issues.

FIGS. 1A-B provide a general overview of an illustrative embodiment of a stent structure **10** that can be used in valves in accordance with this invention. These FIGS. show an expanded stent with independently flexing commissure posts **20a-c** to reduce stress imparted to the valve leaflets (not shown). (Although this embodiment and several other embodiments have independently flexing commissure posts, still other embodiments are shown that also increase valve durability and that have only partially or not independently flexing commissure posts.) The independent posts are partly separate from the anchoring structure **30** downstream from the patient's valsalva sinus (upper portion of structure as viewed in FIGS. 1A-B) and **40** adjacent the patient's native aortic valve annulus (lower portion of structure as viewed in FIGS. 1A-B). In particular, upper free end portions of posts **20a-c** are cantilevered from the annulus portion **40** of stent **10**. (Again, however, other embodiments may have only partially cantilevered or non-cantilevered commissure posts.)

FIGS. 2A-B show an illustrative embodiment of an expanded and contoured stent **10** with skirt flare **50** on base **40** and an extra-expanded section **30** for the aorta. (Reference numbers are reused for generally similar features in different FIGS. and different embodiments. Some FIGS. do not show the rear or the complete rear of all structures to avoid over-complicating the depictions.) Attachment of leaflets (not shown) to posts **20a-c** and covering of the stent are important aspects of this invention.

FIGS. 3A-B show an illustrative embodiment of an expanded and contoured stent **10** with valve leaflets **60a-c** and buffer layer **70** and outer cuff material **80**. Note that commissure posts **20** can lie perfectly vertically, or alternatively they can be angled inwardly to bias the leaflets inwardly and thereby help to keep them from hitting the prosthetic valve frame and/or the surrounding patient anatomy during opening.

Attachment steps (in any order) after a stent **10** is at a predetermined diameter and polished are generally the following:

Flexible leaflets **60a-c** (e.g., polymer sheet or pericardial tissue sheet) are processed and cut to shape.

For example, tissue leaflets **60a-c** can be laid flat and fixed with the use of glutaraldehyde or triglycidylamine before being treated with an anti-calcification treatment such as at least a 60% solution of ethanol.

Buffer material or materials **70** (e.g., polymer sheet or pericardial tissue sheet) are processed and cut to shape. Cuff material **80** (e.g., polyester fabric sheet) is formed into a tube of the appropriate diameter and cut to length.

Cuff material **80** can cover the lower portion of stent **10**, the entire portion of where the leaflets are attached, and/or the entire stent including an aorta section.

Intermediate materials of one or more layers (sheets) between stent **10** and leaflet material **60** may be applied for attachment, friction buffering, and tissue in-growth purposes. For example, an interface between two poly-

mer or tissue layers may be beneficial, as compared to an unbuffered interface between leaflets **60** and stent **10**, for the above-mentioned reasons (e.g., less friction on and therefore wear of leaflets **60**). Lubricious polymer coating of the stent instead of just sheets may also be incorporated.

Leaflets **60** are attached to stent **10** and around the circumference of the stent base.

Specific details as to how the valve is assembled for different types of stent posts **20** are given below.

FIG. 4A shows the flat and collapsed state of a stent model used to laser-cut a part (stent) **10** from a tube (e.g., of a super-elastic metal such as nitinol or a balloon-expandable material such as cobalt chromium). FIG. 4B shows a round laser-cut part (stent) **10** in the collapsed state. This stent embodiment has independent flexing commissure posts **20a-c** that are solid except for one set of eyelets **22**. Note, however, that these eyelets can be converted to any orifice shape such as an elongated slot.

FIGS. 5A-B show the flat and collapsed state of a stent model used to laser cut a part (stent) **10** from a tube and a close-up of the independent commissure posts **20a-c**. This stent **10** has independent flexing posts **20a-c** that are solid with two sets of eyelets **22**. However, these eyelets could be converted to any orifice shape such as elongated slots. Note the bend line **52** of the skirt **50** and the base line **54** of the stent discussed in connection with later FIGS.

FIG. 6 shows a buffering layer **70** that outlines the inner surface of a stent **10** (actually stent portion **40**) and posts **20a-c** to ensure that there is no contact between the leaflets **60** and any other material. Each rectangular section **72** is sutured to the inner diameter of a respective one of posts **20**. Top lip **74** covers the inner portion of the stent cells above bend line **52** (see also FIG. 5B). Bottom lip **76** covers the inner portion of the stent cells below bend line **52** to the bottom **54** of the stent (see also FIG. 5B). If section **78** is present, it can be wrapped around the bottom edge **54** of the stent from the inner diameter to the outer diameter to be terminated at the bottom stent edge or farther up. Note that the triangular cut-outs **79** in this section allow for flexible movement of the edge and actually will meet when wrapped around the bottom edge, while the rounded extreme bottom edge sections **77** will meet to form one continuous circular path around the stent. The triangular cut-outs **79** also allow for a minimized chance of tearing during expansion and contraction of the valve.

FIG. 7 shows that the buffering layer **70** of this and all presented designs in this invention disclosure can be made from three single sections as shown in this FIG. (in contrast to one single piece as shown in FIG. 6).

FIG. 8 shows additional features that can be included in buffering designs in accordance with the invention. (See FIG. 6 for general features that apply to all buffering designs of the invention.) Top flaps **71** wrap around the tops of the posts **20** from the inner diameter (ID) to the outer diameter (OD). Side flaps **73** wrap around the left and right sides of each post **20** from the ID to the OD and are secured by sutures.

FIG. 9 shows that in areas of high complexity, individual buffering strips **70** of various sizes and shapes can be wrapped about the stent frame and sutured in place. FIG. 9 shows a generic rectangular strip **70** as an example. A rectangular strip can be rolled to form a cylinder of a desired height to cover any portion of the stent as well.

FIG. 10 shows a single leaflet design **60** that is the foundation for many of the following leaflet designs in this disclosure. Material **61** above the top-most horizontal dotted line is for redundant coaptation where all three leaflets **60a-c** meet under back-pressure. (The various dotted lines are shown

primarily for reference, although they can also actually appear on the leaflet (either temporarily or permanently) as a visual guide or aid for use during assembly of a valve.) Side flaps **62** bend at the angled lines and provide an area to suture to the commissure post **20** ID. Note that since the leaflet may be cut from a flat sheet, there may not be a belly-shaped contour in the leaflet body **63**; but when the angled side flaps **62** are attached to a vertical post **20**, this allows for the top portion of the leaflet to be closer to the central axis of the stent than the bottom portion, thus creating central coaptation. Side flaps **62** wrap around the left and right sides of the commissure posts **20** from the ID to the OD and are sutured down. Bottom flap **64** covers the ID portion of the stent cells below the bend line **52** to the bottom **54** of the stent. If this section is present, it can be wrapped around the bottom edge **54** of the stent from the inner diameter to the outer diameter to be terminated at the bottom stent edge or farther up, depending on its length. Note that the triangular cut-out **65** in this section allows for flexible movement of the edge and actually will meet when wrapped, while the rounded lower edge sections **66** will meet to form one continuous circular path around the stent. If desired, the material along curve **67** can be sutured down to form a natural belly shape for the leaflet. The bottom side flap **68** allows for some overlapping of adjacent leaflets to ensure that the inflow skirt edge is fully sealed. Triangular cut-outs **65** also allow for a minimized chance of tearing during expansion and contraction of the valve.

FIG. **11** shows three single leaflets **60a-c** being attached to stent **10**. The bottom flaps **64** and side flaps **62** can easily be seen before attachment occurs.

FIGS. **12A-C** show three illustrative methods for leaflet and ancillary component assembly. Each of these FIGS. shows a top view of a commissure post **20** on the stent. (The commissure post is the large rectangle **20** in each of these FIGS.) In FIGS. **12A** and **12C** the commissure post has a single set of orifices **22**. In FIG. **12B** the commissure post has two sets of orifices **22a** and **22b**. In FIGS. **12A** and **12B** a buffering layer **70** is only on the ID surface of the post (which is the upper surface as viewed in these FIGS.). In FIG. **12C** buffering layer **70** is wrapped all the way around the post. Lines **60a** and **60b** illustrate representative leaflets, and the arrows at the top ends indicate that the leaflet material continues beyond what is seen in the FIG. toward the central axis of the valve. The dotted lines **90** indicate a suture passing through the eyelet(s) **22** and through the leaflets **60**. Major features to note are as follows: (1) a buffering layer **70** between the stent **10** and the leaflets **60** reduces abrasion, (2) leaflets **60** are sutured together to minimize any post gapping, (3) suture knots are on the OD of the post so as not to interfere with leaflet movement/abrasion, and (4) free ends **62** of the leaflets are curled back (e.g., toward the center of the valve) to provide an additional buffering layer. Note that in FIG. **12C** the leaflets can only be wrapped around the post from the ID to the OD (as at **62**) if there is enough room between stent cells when the valve is collapsed.

FIG. **13** shows that on the fabric covering **80** on the ID of the stent there is a thin buffering material **70** to protect the leaflets **60** from abrading against the other valve surfaces. The lack of post gapping and the curled back leaflet edge before it is trimmed can be seen here at **100** (see also FIG. **12A**).

FIG. **14** shows how angled side flaps (**62** of FIG. **10**) allow leaflets **60a-c** to coapt along the central axis **110**. Note that under blood flow back-pressure, the leaflets will close tightly together with redundant coaptation.

FIGS. **15A-B** show two different valve variations that have a few key differences. FIG. **15A** has a cuff and buffer section **70/80** that covers all of the expanding cells of stent portion **40**.

In FIG. **15B** structure **70/80** goes half of the way up the stent cells **40** to approximately the bend line **52**, which may leave metal exposed for leaflet contact during opening. FIG. **15A** has a buffering layer and leaflets that terminate at the lower edge **54** of the stent, whereas the buffering layer and leaflets of FIG. **15B** completely wrap over the bottom edge **54** and are anchored near bend line **52**. Any or all of these features can be combined.

FIG. **16** shows that there is a complete seal from the leaflets **60** and buffering layer all of the way from the stent ID around the edge of the stent base skirt to allow for a complete seal.

FIG. **17** shows that to allow for more transfer of leaflet load to the stent posts **20** (as opposed to almost entirely through point loads from the sutures **90** on the stent ID), sutures and/or leaflet material may need to be passed over the top of the post **20** and secured to the OD as indicated at **120**.

FIGS. **18A-B** show that to allow for more transfer of leaflet load (high-stress region **130** near leaflet free edge) to the stent post **20** (as opposed to almost entirely through point loads from the sutures **90**), individual leaflets **60a-c** can be secured to caps **140** placed over the post tops. Caps **140** can be made from fabric, polymer, and/or tissue components.

FIG. **19** shows another single leaflet design in which many of the same features as described in FIG. **10** can be utilized. The primary difference in this design is that the edge **62/64** is curled back onto the OD of the leaflet along the illustrated indicator lines **67/69**, instead of folded around the base of the stent. So instead of the leaflet edge sealing for inflow of the stent skirt, this design forms a pocket under back-pressure, with no seams along the suture line. For a 3D illustration see the next FIGS. As with the previous design, when these flaps are folded back, the triangular sections **65** close so the leaflet does not buckle. Since these flaps are folded back up against the leaflet OD, when the leaflet opens, the flaps **64** actually form a buffer between the upper base stent portion **40** and the leaflet.

FIGS. **20A-B** shows 3D views of single leaflets **60**. FIG. **20A** is a top view cross section, and FIG. **20B** is a side view cross section. The arrows indicate where the leaflet flaps **62/64** are folded back onto the leaflet OD for one representative leaflet **60b**. Note that the curled-back design illustrated in FIGS. **12A-B** is similar, except that in this design it runs along the entire edge **67/69** instead of just along the post.

FIG. **21** shows a flat cutout of a continuous leaflet **160**. Instead of three single leaflets **60a-c** mating together to form an orifice **150**, this design achieves this with one single continuous piece **160** of leaflet material. The indicated edge **170** is sewn to the stent ID in a similar manner as already described. Dashed line **180** indicates where leaflet material **160** is creased to form a commissure and attached to a post **20**. When the flat portion **190** of this design is pushed toward the central axis, it forms a belly as shown in the next FIG.

FIG. **22** shows a folded 3D illustration of continuous leaflets material **160**. See the above discussion of FIG. **21** for item descriptions.

FIGS. **23A-B** show two methods for leaflet **160** and ancillary component assembly. These are views similar to FIGS. **12A** and **12C**, with the same reference numbers used again for similar components. Major features to note are as follows: (1) a buffering layer **70** between the stent **20** and the leaflet material **160** reduces abrasion, (2) leaflets **60** (from continuous leaflet structure **160**) are sutured together to minimize any post gapping, (3) suture knots are on the OD of the post **20** so as not to interfere with leaflet movement/abrasion, and (4) bottom edge of the leaflets are curled back up toward the center of the valve to allow for an additional buffering layer (analogous to the folding along line **67** in FIGS. **20A** and

11

20B). Note that the main difference in attachment techniques is that either the leaflet material **160** wraps around the entire stent post (FIG. **23A**) if there is enough room between cells when the valve is collapsed, or the leaflet material **160** is folded on the post ID only (FIG. **23B**) in a continuous manner.

FIGS. **24A-B** show the flat and collapsed state of a stent model used to laser cut a part (stent **10**) from a tube and a close-up of the independent posts **20**. This stent has independent flexing posts **20** that are solid, with two sets of eyelets **22**, and an open section **24** at the top that forks (bifurcates) into two separate portions. See FIGS. **1-5** for general features that are applicable to this and other designs.

A buffering layer **70** that can outline the ID of this stent **10** can be seen in FIGS. **6-8**, but would have a fork-shaped top.

FIGS. **25A-B** show single leaflet designs (with many of the same features as conveyed in FIGS. **10** and **19**) that can be used for this stent design. The main difference is that the side flaps **62** have a slit **200** in them that allows the flap to wrap around the OD of the fork (on both sides of open section **24**) at the top of the stent post **20**.

FIGS. **26A-B** show two methods for leaflet **60** and ancillary component assembly. Once again, these are views that are similar to FIGS. like **12** and **23**, with the same reference numbers being used again for similar components. Major features to note are as follows: (1) a buffering layer **70** between stent **10** and leaflets **60** reduces abrasion, (2) leaflets **60** are sutured together (using sutures **90**) to minimize any post gapping, (3) suture knots are on the OD of the post **20** so as not to interfere with leaflet movement/abrasion, (4) free ends **62** of leaflets **60** are curled back toward the center of the valve to provide an additional buffering layer in FIG. **26A**, (5) the gap **24** between forked posts **20** is just large enough for leaflet thicknesses to eliminate post gapping, and (6) the leaflets attached to the OD as in FIG. **26B** allow for stresses caused from blood flow back-pressure to be transferred to the stent frame **10** instead of point loads at suture attachments.

FIG. **27** shows a 3D view of individual leaflets **60** and the top portion **202** of the side flaps (above slit **200** in FIG. **25A** or **25B**) that wrap around the forked top section of the stent post **20**.

FIG. **28** shows that another variation of this stent design is to eliminate the eyelets **22** on the lower portion of posts **20**. If there are no orifices to attach the leaflet flaps **62** to the posts, the leaflet flaps can be sutured together along the length of this lower section and/or through cuff material surrounding the expandable stent portion.

FIGS. **29A-B** show the flat and collapsed state of a stent model used to laser cut a part (stent **10**) from a tube and a close-up of the independent posts **20**. This stent has independent flexing posts **20** that are open in the middle **24** (i.e., bifurcated) with two sets of eyelets **22**. It also has a terminating single eyelet **26** for anchoring the leaflet base and other materials. See again FIGS. **1-5** for general features that are applicable to this and other designs.

FIG. **30** shows an example of a design variation with the non-expanding open stent post **20** and flared skirt **50**.

FIG. **31** shows a close-up of the flat and collapsed state of a stent model used to laser cut a part (stent **10**) from a tube with independent commissure posts **20**. This stent has independent flexing posts **20** that are open in the middle (i.e., at **24**), with two sets of eyelets **22**. Additionally, this design has a connection **28** higher up on the stent posts **20**, thus making the posts less cantilevered and therefore possibly less flexible if needed. However, the valve assembly is not disrupted when internally mounting the leaflets through the center slot **24** of the stent posts. See again FIGS. **1-5** and **29** for general features that are applicable to this and other designs.

12

FIG. **32** shows a buffering layer design including features that can be in addition to those shown in FIG. **6**. Rectangular flaps **72** outline the ID of stent posts **20**. An "I" shaped slit **210** is cut through material **70** and the resulting flaps are wrapped through the middle portion **24** of the stent post **20** from the ID to the OD, then secured in place.

FIGS. **33A-B** show single leaflet designs, with many of the same features as conveyed in FIGS. **10** and **19**, which can be applied to this stent design. The main difference is that the entire side flaps **62** pass through the middle slot (**24** of FIG. **29**) and around to the OD, where it is secured (see next FIG.).

FIG. **34** shows one method for leaflet and ancillary component assembly. Once again, this is a view similar to FIGS. like **12** and **23**, with the same reference numbers being used again for similar elements. Major features to note are as follows: (1) a buffering layer **70** between the stent **10** and the leaflets **60** reduces abrasion, (2) the gap **24** between sides of the post **20** is just large enough for leaflet thicknesses to eliminate post gapping, (3) suture knots (associated with sutures **90**) are on the OD of the post **20** so as not to interfere with leaflet movement/abrasion, and (4) the leaflets **60** attached to the OD of posts **20** allow for stresses caused by blood-flow back-pressure to be transferred to the stent frame instead of point loads at suture attachments.

FIGS. **35A-B** show an example of this type of design with single leaflets **60** pulled through a center slot **24** and wrapped around to the OD of the stent post **20**. Also note that the buffering material **70** and leaflets **60** wrap slightly around the stent base as indicated at **220**. In some areas these FIGS. show the leaflet material as though transparent.

FIG. **36** shows a flat cutout of a continuous leaflet **160**. Instead of three single leaflets **60** mating together to form an orifice **150**, this design achieves this with one single continuous piece **160**. The indicated edge **170** is sewn to the stent ID in a similar manner as already described. Dashed lines **180** indicate where one representative commissure of the leaflets is creased and pulled through the central slot **24** of the post **20**. When the flat portion **190** of this design is pushed toward the central axis, it forms a belly as shown in previous FIGS.

FIG. **37** shows one method for leaflet and ancillary component assembly. Again, FIG. **37** is a view similar to FIGS. like **12** and **23**, and the same reference numbers are used in all FIGS. of this type to indicate similar components. Major features to note are as follows: (1) a buffering layer **70** between the stent **10** and the leaflets **160** reduces abrasion, (2) the gap **24** between sides of the post **20** is just large enough for leaflet thicknesses to eliminate post gapping, (3) suture knots (associated with sutures **90**) are on the OD of the post **20** so as not to interfere with leaflet **160** movement/abrasion, (4) the leaflets **160** attached to the OD (at **180**) allow for stresses caused from back-pressure to be transferred to the stent frame **10** instead of point loads at suture attachments, and (5) the leaflet **160** is fully sealed at the commissures **20**.

FIGS. **38A-B** show the flat and collapsed state of a stent model used to laser cut a part (stent **10**) from a tube and a close-up of the independent commissure posts **20**. This stent has independent flexing posts **20** that are open in the middle **24** with two sets of eyelets **22**. Additionally, this design has an opening **28** at the bottom of the slot **24**, which allows the post **20** to expand into a triangular shape. See again FIGS. **1-5** for general features that are applicable to this and other designs.

FIG. **39** shows an example of a stent variation with a central vertical slot **24** when in a collapsed state that was formed into a triangular opening **24/28** in an expanded state. The triangular opening of this post **20** more closely mimics the contoured shape of a native valve than, say, a vertical non-expanding post.

13

FIG. 40 shows a buffering layer design including features that can be in addition to those shown in FIG. 6. The upwardly extending post flaps 72 outline the ID of stent posts 20 when those posts are expanded into a triangular shape (e.g., as shown at 24/28 in FIG. 39). A slit 210 is cut through buffering material 70 and the resulting flaps are wrapped through the middle portion 24/28 of the stent posts 20 from the ID to the OD, then secured in place.

FIGS. 41A-B show single leaflet designs, with many of the same features as conveyed in FIGS. 10 and 19, which can be applied to this stent design. The main difference is that the side flaps 62 at the commissures are spread apart (due to the triangular stent post opening 24/28), thus additional sealing measures are needed.

FIG. 42 shows one method for leaflet and ancillary component assembly. This is yet another FIG. similar to FIGS. like 12 and 23, and which uses the same reference numbers for similar elements. In addition, line 230 indicates a patch having the same or similar material properties as elements 70 or 60 that seals the triangular opening 24/28 in the posts 20. Major features to note are as follows: (1) a buffering layer 70 between the stent 10 and the leaflets 60 reduces abrasion, (2) suture knots (associated with sutures 90) are on the OD of the post 20 so as not to interfere with leaflet movement/abrasion, (3) the leaflets 60 attached to the OD via flaps 62 allow for stresses caused from back-pressure to be transferred to the stent frame 10 instead of point loads at suture attachments 90, and (4) the triangular-shaped posts 20/24/28 more closely mimic the contour shape of a native valve, thus functioning more optimally.

FIG. 43 shows an example of a stent variation with an open expanding post 20 that results in a triangular commissure area 24/28 that more closely mimics the contour shape of a native valve. A patch 230 is sutured through the eyelets 22 and around the base of the stent 10 to ensure a sealed environment. Note also that there is a double layer of cuff material 80 on the stent OD to aid in better sealing and tissue in-growth when pushed against native aortic root tissue.

FIG. 44 shows a single leaflet design, with many of the same features as conveyed in FIG. 10, which can be applied to this stent design. The main difference is that one side flap 62 has an extension 162 that is used to seal the triangular-shaped opening.

FIG. 45 shows one method for leaflet and ancillary component assembly. This is again similar to FIG. 42, and the same reference numbers are used for similar elements in both of these FIGS. Major features to note are as follows: (1) a buffering layer 70 between the stent 10 and the leaflets 60 reduces abrasion, (2) suture knots are on the OD of the post 20 so as not to interfere with leaflet movement/abrasion, (3) the gap 24 is large enough for leaflet thicknesses to eliminate post gapping, (4) the leaflets 60 attached to the OD of post 20 allow for stresses caused from blood flow back-pressure to be transferred to the stent frame 10 instead of point loads at suture attachments 90, and (5) the doubling back of the one leaflet at 162 aids in sealing the triangular stent post opening 24/28.

FIG. 46 shows an example of a single leaflet design with an enlarged triangular side flap 162 that is doubled back over itself to aid in sealing the triangular expanded post opening 24/28. FIG. 46 omits depiction of the sutures that are typically used to secure the leaflet and flap material to the stent frame.

FIG. 47 shows a flat cutout of a continuous leaflet 160 with several features that aid in the attachment and sealing for an expanding post 20/24/28 design. Flaps 240 with triangular cutouts 242 are wrapped around the base of the stent 10. Edge 250 is sutured to the stent 10 to form the base of the leaflet belly. Edge 244 is secured around the base of the stent 10.

14

Sections 260 are pulled through the triangular post opening 24/28, folded around the OD of the post 20, and doubled back on themselves. Sections 262 cover up the triangular openings 24/28. Flaps 270 extend toward the base of the stent to enhance sealing of covers 262 and are joined to the other flaps 240 along their edges 246 and 276. See the next FIG. for more detail.

FIG. 48 shows one method for leaflet and ancillary component assembly. This is again similar to FIG. 45, and again uses the same reference numbers for similar elements. Major features to note are as follows: (1) a buffering layer 70 between the stent 10 and the leaflets 160 reduces abrasion, (2) the gap 24 between sides of the posts 20 at the upper apex of the triangular stent post opening is just large enough for leaflet thicknesses to eliminate post gapping at that location, (3) suture knots are on the OD of the post 20 so as not to interfere with leaflet movement/abrasion, (4) the leaflets 160 attached to the OD of post 20 allow for stresses caused from blood flow back-pressure to be transferred to the stent frame 10 instead of point loads at suture attachments 90, and (5) the leaflets 160 are fully sealed at the triangular commissures 20/24/28 as indicated at 262.

FIG. 49 shows an example of a single leaflet design doubled over itself at the edges 260 with a triangular section 262 in the middle to achieve a continuous tight seal.

FIG. 50 shows further development of structures like those shown in FIGS. 5A and 5B. FIG. 50 shows a combination of eyelets 22 and slots 23 (already mentioned as a possibility earlier in this specification). The top and bottom post eyelets 22 anchor the leaflets 60 into position, and the slots 23 allow for easier assembly and multiple passes of a stitching needle. FIG. 50 shows the metal structure 10 in a flat or planar depiction and in its collapsed condition or configuration. Again, there is a combination of eyelets 22 and slots 23 on the commissure posts 20 for leaflet 60 attachment. Eyelets 21 in other areas can be variously used to attach leaflets 60, cuff material 80, and/or buffering material 70. FIG. 51 shows the FIG. 50 structure in its expanded state.

FIG. 52 shows an illustrative simplification of a single leaflet design of the general type that is shown in FIGS. 10 and 19. This simplified version allows the technician to assemble and trim the valve as needed, since there can be a variability in how the tissue behaves. This design also reduces the amount of openings to enhance sealing. The same principles apply as are discussed above in connection with FIGS. 10 and 19. Note also that this design can be used for FIGS. 10 and 19 valves, and then trimmed to the shape of the stent 10 if needed.

FIGS. 53A and 53B show further development of structures of the type that are shown in FIGS. 12A-C. In particular, FIGS. 53A and 53B show the front (outer diameter) view of a straight solid commissure post 20 and suture attachment 90a and/or 90b for leaflets 60. Note that these basic concepts can be used on the other post designs. FIG. 53A shows sutures 90a only looped around the stent material in the vertical direction. FIG. 53B shows sutures 90a in the vertical direction and sutures 90b in the horizontal direction, which is more indicative of what is shown in the top views of FIGS. 12A-C.

FIGS. 54-57 show further development of structures of the general type shown in FIGS. 13-16. FIGS. 54-57 are examples of modified stents 10 with tissue structures added. FIG. 54 is a side view of a valve with tissue leaflet 60 attachment like FIG. 53A. FIG. 55 is a top view similar to FIG. 13, but with tissue leaflets 60. FIG. 56 is a bottom view with leaflet tissue wrapped around the bottom edge. (This leaflet tissue may also be over other layers of fabric and/or buffer material, depending on the design of the valve.) FIG. 57 is a

bottom view with tissue terminated at the bottom edge. Note also that the traces **300** for the leaflet shape are shown. These traces **300** can be temporary (or permanent) markings on the leaflet material to help the assembly technician properly shape and assemble the valve.

FIGS. **58-60** show further development of structures like those shown in FIG. **20**. FIGS. **58-60** show valves built with this concept to further clarify how the valve actually looks. FIG. **58** is a bottom view of leaflets folded to form pockets when the free edges of the leaflets are coapting. FIG. **59** is a top view showing continuous pockets **310**. FIG. **60** is a side view showing continuous pockets **310** and the rolled up leaflets trimmed to the outline of the stent at **320**. Buffer and cuff material can also be shaped to outline the contour of the expandable stent portion.

FIG. **61** shows further development of structures like those shown in FIGS. **30** and **31**. FIG. **61** shows a further developed version of a nitinol part (stent) **10** that has been expanded. This design also incorporates eyelets **22** and slots **23**, as well as eyelets **21** in various locations around the stent for attachment. Note that this design also has an extra row of closed-perimeter, open-centered, circumferentially collapsible/expandable cells on the bottom section **40/50** as compared to the earlier examples.

FIG. **62** shows a single leaflet shape **60** which may have several advantages. For example, as compared to some leaflet shapes described earlier in this specification, the FIG. **62** shape can reduce the amount of leaflet tissue that needs to be collapsed when the prosthetic valve is collapsed. This can help the prosthetic valve collapse to a smaller size for less invasive delivery into a patient. This leaflet shape can also help to redistribute high stress areas in the base of the valve belly where tear-out might otherwise tend to occur. All of these modifications can improve valve function and durability.

As in some earlier-described embodiments, lines **300** are indicator lines on leaflet **60** to help with assembly of the leaflet into a prosthetic valve. In addition, some of these lines serve to demarcate certain portions of the leaflet in the following discussion. Line **300a-b** is a line along which leaflet material outside the line can be folded in on leaflet material inside the line. Especially line **300b** is also a line along which the base of the leaflet may be sutured to other structure of the valve. For example, this may result in securing the base of the leaflet through cuff material **80** of the valve. This arrangement helps to distribute stresses at the base of the leaflet (e.g., in the area indicated generally by reference number **400**) upwardly along curve **300b** (e.g., into the areas indicated generally by reference number **410**) to spread out these stresses and prevent them from concentrating right at the leaflet base. For example, FIG. **64** shows how leaflet material **62b** outside indicator line **300b** may be folded up outside the remainder of a leaflet **60**. This produces a doubled-over layer of leaflet material, which can be sutured through (including to other structure of the valve) using sutures **90** to improve durability.

Returning to FIG. **62**, and also now referring to a representative prosthetic valve commissure post **20** as shown in FIG. **63** for use with the FIG. **62** leaflet, leaflet flap portion **62a** may be positioned relative to post **20** so that portion **62a** sits above the top-most horizontal eyelet **23a** in post **20**. Leaflet flap portion **62c** is then positioned between horizontal eyelet **23a** and the top-most vertical eyelet **23d** in post **20**. Below flap section **62c** is a further leaflet flap section **62d**, which is positioned for attachment (e.g., via sutures) to three vertical eyelets **23d** in the upper portion of stent post **20**. Dotted line **420** in FIG. **63** indicates the approximate boundary of leaflet flap portion **62d** when thus secured to post **20**. The area of post

20 below eyelets **23d** can be used as additional area for, e.g., cuff **80** attachment, hiding suture knots, and other features.

As compared to some earlier-described leaflet embodiments, the FIG. **62** leaflet can include less leaflet material outside indicator line **300b**. As noted earlier, this can help reduce the amount of leaflet material in the valve and thereby facilitate collapsing the valve to a smaller circumferential size.

Turning now to another consideration that may be important in construction of prosthetic heart valves in accordance with the invention, when a leaflet **60** is secured through cuff material **80**, it may be desirable to ensure a durable securement of the leaflet with reduced movement that could lead to cuff/suture/leaflet abrasion. Termination of a cuff **80** (especially when the stent is flared outward as at **50** in some embodiments herein) can be difficult. FIG. **65** and several subsequent FIGS. show structures that can help to address these issues.

As shown in FIG. **65**, cuff **80** is secured by outlining the struts of the cells that form stent portions **40** and **50** with whip stitch sutures **90a**. In addition, stent portions **40** and **50** are constructed so that they include several annularly extending serpentine, undulating, or zig-zag members **42a-c** that are connected to one another by vertical bars **44**. Serpentine members **42a-c** annularly compress or expand to allow the prosthetic valve to circumferentially collapse or expand. But vertical members **44** do not change length during such annular compression or expansion of the serpentine members. This helps to reduce the amount by which the prosthetic valve changes axial length during circumferential compression or expansion. This in turn can help reduce any tendency of cuff **80** to shift relative to stent portion **40/50**. Vertical bars **44** can also be secured to cuff **80** by suture stitches **90b**. In this example, cuff **80** and buffer material (hidden between the fabric of cuff **80** and leaflets **60**) are mounted in the inside diameter ("ID") of the stent and can extend any distance up or down the height of the stent frame. (Although FIG. **65** shows all of components **20**, **42**, and **44** one-piece with one another, some or all of these components may initially be separate from one another and then assembled with the other components.)

In addition to the above, the invention can address possible difficulty in firmly securing cuff **80** to stent cell ends. For example, especially when stent portion **40** is flared as at **50**, the adjacent cuff material **80** may have a tendency to slip vertically along the stent when a leaflet **60** is secured to the cuff material and under load. Reference number **440** in FIG. **65** points to a representative location where this may be an issue. Passing a suture through an eyelet **91** at such a location **440** can help prevent material slip. FIGS. **66-68** also show several others shapes that can be provided at the top and/or bottom of stent cells to help secure the cuff **80** to the stent more securely. For example, FIG. **66** shows providing an enlarged knob **450** on the end of a representative stent cell **40/50**. Knob **450** is connected to the stent cell by a small neck region **452**. Suture material **90** can be wound around neck **452** as shown in FIG. **66** to help prevent any other material that is secured to the stent by suture **90** from moving upwardly (in this example) away from the depicted stent cell end.

As another example, FIG. **67** shows a notch **460** in the stent material, which notch opens away from the associated stent cell end **40/50**. Suture material **90** can pass (repeatedly) from the stent cell end through notch **460** and back into the stent cell end to ensure that the suture (and anything secured by the suture) cannot shift upwardly (in this example) relative to the stent cell end.

As still another example, FIG. 68A shows a partially formed eyelet 470 at the end of a stent cell 40/50. Eyelet 470 is large enough for suture material 90 to pass through, but it may not be large enough for the suture needle to pass through. However, suture material 90 can be pulled into eyelet 470 through the open side 472 of the eyelet (which open side faces away from the apex or end of stent cell 40/50). Suture material 90 may pass (repeatedly) from inside stent cell 40/50 through eyelet 470 and back into stent cell 40/50 in a loop, FIG. 8, or other pattern to secure suture 90 and any other material (such as cuff 80) that is engaged by suture 90 to the end of the stent cell. Again, as in the case of the structures shown in FIGS. 66 and 67, this is done in such a way that other material (such as cuff 80) that is secured by suture 90 cannot move upwardly (in this example) relative to the end of stent cell 40/50.

FIG. 68B shows an alternative to FIG. 67 in which the suturing 90 is interlocked with itself as part of passing through notch 460. The interlocking shown in FIG. 68B can also be used with other stent frame shapes such as the shape shown in FIG. 68A.

FIG. 69A shows a possible modification of a structure like that shown in FIG. 12B. In this alternative a reinforced core 500a or 500b lines the creased area that the flaps of leaflets 60a and 60b are folded around. The core material 500a/b can be other tissue, polymer, metal, and/or fabric. The flap of the leaflet 60a or 60b is sutured (90a or 90b) through the stent 20 in a manner similar to what has already been shown. The flaps of the leaflets 60a and 60b can be additionally wrapped around the core(s) 500a/b and secured via additional suturing 510 to form a bundle. This may add more reinforcement from tissue tears and may also mitigate leaflet abrasion as illustrated by FIG. 69B. By binding the leaflet (e.g., 60b) and core (e.g., 500b), the leaflet is not allowed to open all of the way up to hit the frame 10 of the stent. In other words, a clearance like that indicated by double-headed arrow 520 in FIG. 69B is maintained.

FIG. 70 shows an example of a self-expanding stent design with the downstream-most connections 530 between commissure posts 20 and the remainder of annulus portion 40 more than 50% up the post height in the direction of blood flow through the implanted valve. This means that in this embodiment the posts 20 are less cantilevered than in some other embodiments. This design still retains the ability to attach the leaflets to other structure of the valve in ways similar to what has been described for other embodiments.

FIG. 71 shows an example of a balloon-expandable stent design with the downstream-most connections 530 between each stent post 20 and the remainder of the stent 10/40 all the way up to the top of the posts 20. FIG. 71 shows stent 10 in its fully expanded state. This design still retains the ability to attach the leaflets of the prosthetic valve to other structure of the valve in ways that are similar to what is shown and described for other embodiments. The FIG. 71 stent includes attachment structures 470/472 at the base of the stent that are similar to what is shown in FIG. 68. These can also be used as interlocks for attachment of the prosthetic valve to a delivery system for that valve.

FIG. 72 shows another example of one continuous sheet 160 of leaflet material that can be shaped (when attached to a valve stent, etc.) to provide all three leaflets of a valve. FIG. 72 thus shows an alternative to what is shown in other FIGS. like FIG. 21. This continuous design has flaps 540 built in to attach to the tops of the commissure posts 20 as described elsewhere in this specification. Another difference is radially inward contour or bulge of the free edge 61 of what will be each leaflet. This bulge gives the leaflets additional coaptation when the valve is closed.

FIG. 73 illustrates the point that several of the principles of this invention can be applied to collapsible and re-expandable prosthetic valves that use leaflets that are not just from sheet material. For example, a bovine jugular or porcine aortic root (or individual leaflets) 550 can be attached to the commissure posts 20 of a valve stent. In other words, in the prosthetic valve shown in FIG. 73, the valving action is provided by the inclusion of an intact tissue valve (or leaflet cusps) 550 taken from an animal.

FIGS. 74A-C show several illustrative variations on what is shown in FIG. 65. For example, in FIG. 74A reference line 560a indicates the contour of one representative leaflet where it is attached (near its bottom or upstream portion) to the cuff 80 of the valve. (Apart from reference line 560a, FIG. 74A omits leaflets 60 and does not attempt to show the rear of the structure. Reference line 560a is shown primarily for purposes of explanation. This line does not itself depict structure, but rather is primarily just for geometric reference. The same is true for reference lines 560b and 560c in later FIGS.) FIG. 74A may show a balloon-expandable valve with a fabric cuff 80 and a porcine tissue buffer layer (hidden on the inside diameter ("ID") of fabric 80) attached to about 75% of the height of the annulus portion 40 of the stent (i.e., the lower 75% of the annulus portion 40 height). (Stent portion 40 may be called the annulus portion because it is typically implanted in or near the annulus of the patient's native heart valve annulus.) Reference line 560a in FIG. 74A shows the lower portion of the leaflet attached straight across from the bottom eyelet 22 of one commissure post 20 to the next commissure post 20. See also FIG. 75, which shows an example of such a leaflet 60 with reference line 560a superimposed on it.

FIG. 74B may show a self-expanding valve with the fabric cuff 80 and porcine tissue buffer (hidden on ID of the fabric) attached to the full height of the annulus portion 40 of the stent. As indicated by the reference line 560b, a typical leaflet 60 is attached part of the way up the posts 20, and the belly section of the leaflet gradually contours (curves) toward the stent base below the posts (see also FIGS. 76A-B, which are discussed below).

FIG. 74C may show a self-expanding valve with the fabric cuff 80 on the outside diameter ("OD") of the stent and porcine tissue buffer (not visible) on the ID of the stent. (Note that FIG. 74C shows cuff 80 as though transparent, and that this FIG. omits depiction of the sutures that are typically used to secure cuff 80 to the stent frame.) As shown by the reference line 560c, a typical leaflet 60 in this case is attached near the bottom of the posts 20, and the leaflet belly section gradually contours toward the stent base, at which point it can be attached to the base of the stent, cuff 80, and features like those shown in FIGS. 66-68.

FIGS. 76A-B show an illustrative variation of a commissure post 20 (e.g., as in FIG. 63) and the matching leaflet 60 (e.g., as in FIG. 74B). From FIGS. 76A-B it can be seen how the leaflet 60 matches up with various features of the stent post 20 as described earlier (e.g., in connection with FIG. 74B). Note that the two bottom eyelets 23e are not needed for leaflet attachment, but are present for cuff 80 securement. Also, the pair of eyelets 23d' are placed slightly farther apart than the eyelet pairs above to aid in the transition of the leaflet contour (curve).

FIGS. 77A-G illustrate several ways that leaflets can be assembled to other components of the valve. Whereas FIGS. like 69A-B focus on the area of leaflet attachment to commissure posts 20, FIGS. like 77A-G can apply to leaflet attachment elsewhere than at commissure posts 20. In each of these FIGS. the double vertical lines represent any desired arrangement and/or combination of elements like stent 10 (e.g., annu-

19

lus portion 40), buffer layer 70, and/or cuff layer 80. Element 60 is leaflet material, element 90 is suture material, and element 500 is a reinforcing core (e.g., as in FIGS. 69A-B). The bottom portion 570 of a leaflet 570 can be folded and/or supported with core material 500 to create a stronger seam. This seam can then be secured to the cuff 80 and/or stent 10/40 via suture 90 using a variety of techniques. For example, the stitch 90 shown in FIG. 77A pierces through the layers of leaflet tissue 60/570 once and whips around the bottom. The stitch shown in FIG. 77B pierces through the layers of tissue 60/570 twice. A reinforced core 500 (FIGS. 77C-F) can be placed inside the folded leaflet 60/570. The leaflet (main portion 60) can be folded between the cuff 80 and the core 500 as shown in FIG. 77C. Alternatively, the main portion of the leaflet 60 can pass in front of the core 500 as shown in FIG. 77D. With the addition of a core 500, the leaflet 60 may not need to be folded at all, but may simply be attached to the front/back of the core as shown in FIGS. 77E and 77F, respectively. Yet another option is to use a foldable core material 580, by which to sandwich the end of the leaflet 60 as shown in FIG. 77G. As noted earlier (e.g., in connection with FIGS. 69A-B), the material of a reinforcing core can be other tissue, polymer, metal and/or fabric. Thus a reinforcing core like 500 or 570 can be rigid (e.g., metal or the like) or soft (e.g., fabric, tissue, or the like). The reinforcement can run along dotted suture lines shown on the leaflets in some of the FIGS. herein (e.g., line 575 in FIG. 76B) or any portion of such a suture line. Rigid reinforcement members may have eyelets parallel and/or perpendicular to post 20 eyelets.

FIGS. 78A and 78B show some examples of suture patterns that may be used to attach leaflet flaps to commissure posts 20. In FIG. 78A one suture 90 is used to attach a leaflet flap to a post 20. Beginning at the bottom right eyelet, the suture 90 is temporarily anchored at or near 590 where a suture tail remains. Suture 90 then runs from the bottom eyelet 23 to the top (back and forth through successive eyelets and a leaflet flap (not shown)) and then returns back down the same side (again back and forth through successive eyelets and the above-mentioned leaflet flap). Suture 90 then crosses over near 590 to the other column of eyelets to repeat the same pattern. Ultimately the suture end is tied off to the suture tail at 590.

In the alternative shown in FIG. 78B, each side of the post eyelets (i.e., the left side eyelets or the right side eyelets) are sutured independently (suture 90a starting from 590a on the left, and suture 90b starting from 590b on the right), and each suture is ultimately tied off to its own tail at 590a or 590b, respectively.

To some extent the appended claim terminology may differ from terminology used up to this point in this detailed description. Some specific examples of what certain claim terms refer to are as follows. Supporting structure 10; sheet-like, flexible, leaflet member 60/160; free edge portion of a leaflet 61; flexible chord across an interior of the supporting structure (see, for example, reference number 131 in FIG. 18A or FIG. 20A; such a chord is typically not a straight chord, but rather a loose and flexible chord); material of the leaflet beyond an end of the chord forming a flap 62; cylindrical surface defined by one of the inner and outer surfaces of the supporting structure (such cylindrical surfaces are abstract geometric shapes defined by what are earlier referred to, respectively, as the ID (inside diameter) and OD (outside diameter) of supporting structure 10; these cylindrical surfaces are not necessarily round, but may instead have other shapes such as oval, elliptical, etc.); suture 90; inner surface of the supporting structure (ID of supporting structure 10); outer surface of the supporting structure (OD of supporting

20

structure 10); secured line portion(s) 67/170/250/300b; belly portion of the leaflet 63/190/310; additional material of the leaflet beyond the secured line portion away from the belly portion forming a second flap 64/240/270/62b; axial end of the supporting structure, e.g., lower end of structure 10 as viewed in FIG. 1a; sheet-like, flexible, buffer material 70; annularly spaced commissure posts 20a-c; cantilevered from other structure of the supporting structure, e.g., commissure posts 20 may have upper free end portions and are only attached to the remainder of supporting structure 10 below those upper free end portions (this cantilevering of the upper free end portions of the commissure posts gives the commissure posts what is sometimes referred to herein as independent flexibility, which means, for example, that the upper free end portion of a commissure post can flex radially inwardly and outwardly at least somewhat independently of other portions of supporting structure 10) (note that in FIG. 65 the posts 20 are not cantilevered, but the entire stent frame flexes to reduce stress); commissure post bifurcated into two spaced apart members, e.g., the commissure post portions on opposite sides of notch or opening 24; annular, annularly collapsible and re-expandable substructures 42a-c that are spaced from one another along an axis about which the supporting structure is annular; linking members 44 that are substantially parallel to the above-mentioned axis and that interconnect the above-mentioned substructures 42a-c; sheet of flexible leaflet material 160 having a central opening 150 with three sides 61; leaflet-linking areas 180; the sheet 160 continues radially outwardly beyond at least a portion of at least one of the secured line portions 250 to form a flap 240/270; a plurality of members disposed in a zig-zag pattern, e.g., 42c, that extends in a direction that is annular of the supporting structure; at least two of the members (e.g., the two members that meet at 440) meeting at an apex 440 that points away from the supporting structure parallel to an axis about which the supporting structure is annular; a sheet of flexible material 70 and/or 80 secured to the supporting structure; a plurality of flexible leaflets 60/160; suture attachment 90 at the apex 440; the apex 440 includes an eyelet 21; an enlarged head 450 on the end of a reduced neck 452; a notch 460; the notch is narrowed near its entrance 462. The examples for certain claim terms provided in this paragraph are only illustrative. As just one example of this, not all of the reference numbers that are used for certain features and elements in certain FIGS. are repeated in every FIG. for every reoccurrence of the same or similar features or elements.

It will be understood that the foregoing is only illustrative of the principles of the invention, and that various modifications can be made by those skilled in the art without departing from the scope and spirit of the invention. For example, the number of cells employed in the stents in valves in accordance with the invention can be different from the numbers shown in the various illustrative embodiment described above.

What is claimed is:

1. A prosthetic heart valve comprising:
 - an annularly collapsible and re-expandable supporting structure extending between an inflow end and an outflow end;
 - a plurality of leaflets disposed inside the supporting structure; and
 - a lower skirt disposed adjacent the inflow end of the supporting structure, the lower skirt including a single continuous sheet that extends from a luminal surface of the supporting structure, wraps around the inflow end and extends over a portion of the abluminal surface of the

21

supporting structure, wherein the lower skirt includes a first portion disposed on the luminal surface of the supporting structure and a second portion disposed on the abluminal surface of the supporting structure and the first portion and the second portion are coupled together at a top edge of the second portion.

2. A prosthetic heart valve comprising:

an annularly collapsible and re-expandable supporting structure extending between an inflow end and an outflow end;

a plurality of leaflets disposed inside the supporting structure; and

a lower skirt disposed adjacent the inflow end of the supporting structure, the lower skirt including a single continuous sheet that extends from a luminal surface of the supporting structure, wraps around the inflow end and extends over a portion of the abluminal surface of the supporting structure, the lower skirt including a first portion disposed on the luminal surface of the supporting structure and a second portion disposed on the abluminal surface of the supporting structure;

wherein the first portion and the second portion are sutured together at a top edge of the second portion.

22

3. A prosthetic heart valve comprising:

an annularly collapsible and re-expandable supporting structure extending between an inflow end and an outflow end;

a plurality of leaflets disposed inside the supporting structure; and

a lower skirt disposed adjacent the inflow end of the supporting structure, the lower skirt including a single continuous sheet that extends from a luminal surface of the supporting structure, wraps around the inflow end and extends over a portion of the abluminal surface of the supporting structure, the lower skirt including a first portion disposed on the luminal surface of the supporting structure and a second portion disposed on the abluminal surface of the supporting structure;

wherein the supporting structure includes a plurality of cells arranged in rows and the second portion extends over at least a portion of one of the plurality of cells.

4. The valve defined in claim 3, wherein the plurality of flexible leaflets includes three leaflets.

5. The valve defined in claim 3, wherein the supporting structure includes a stent formed of a plurality of struts.

6. The valve defined in claim 3, wherein the lower skirt comprises a fabric.

* * * * *